

NONPROFIT CORPORATION ANNUAL REPORT

· 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21245

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

OCIATION, INC.					
Principal Place of Business		· Mailing Address		THE REPORT OF THE PARTY OF THE	
17201 COLLINS AVE. MIAMI BCH FL 33160		17201 COLLINS AVE. MIAMI BCH FL 33160		REINSTATEMENT 97 (B)	
				 Date Incorporated or Qualified 06/22/1987 	d 3a. Date of Last Report *** 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2827544	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has	
24	9. Name and Address of Currer		30	Personal Property Tax due Jui 10. Name and Address of New I	
			81 Name		
ODUBATE	PARTIE PARTIE	Charac	20 0		
GRIPFITH, ODETTE ROSENDO, FUNDORA 17201-COLLINS AVE MIAMI BOH. FL 33160 MIAMI BOH. FL 33160 MIAMI BOACH, FL B4 City				t Address (P.O. Box Number is Not Accept	able)
	3H. FL 33180	ILINS AVE	83		
INIAMI DO	MIROLI	BBACH FL.	84 City	800002	2758982 /97 [U] ¹⁹ 6 ^{Z©} 56°1
	_		111	-12/17	/97 - =[[] ⁸ 16 ^{Z®} 0071
11. Pursuant	to the provisions of Sections 617,050	2 and 617.1508, Florida Statute	s, the above-name	d corporation submits this statement to run orporation's board of directors. I hereby acc	Thurse of changing ill logicared
office or r agent. I a	egistered agovit, of both, in the State m (amilianwin, and accept the oblig	of Florida. Such change was a a <u>tio</u> ns of, Soction 617,0503, Flor	uthorized by the co rida Statutes.	orporation's board of directors. I hereby acc	ept the appointment as registered
SIGNATURE		Party		12	2-07-97
SIGNATORE,	Signature, typed or printed name of registered age	nt and title II applicable. (NOTE		re required when reinstating)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 THLE	•	☐ Change ☐ Addition
NAME /	FUNDORA, ROSENDO		1.2 NAME	, a	N.
STREET ADDRESS	17201 COLLINS AVE		1.3 STREET ADDRESS	N	·
CITY-ST-ZIP	MIAMI BCH FL	⋈ DELFTE	1.4 CITY - ST - ZIP	110-1-1-1-1	ODO No.
TITLE Y	TD	DECUL	2.1 TITLE	HOMERO GALLAN	Change L Addition
NAME	VAZQUEZ, JUSTO		2.2 NAME	17001 EOGLIN	5 AVR
STREET ADDRESS	17201 COLUNS AVE.		2.3 STREET ADDRESS	MIAMI WEDON	PIA.33160
CITY-ST-ZIP	MIAMI BCH FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
TITLE	SD DIAZ BENITO		3.2 NAME	. A. K.	: 🗘 Grange 🔲 Addition
NAME CTOSET ADDRESS	DIAZ, BENITO 17201 COLLINS AVE.		3.3 STREET ADDRESS	;	•
STREET ADDRESS	MIAMI BCH FL		3.3 STREET ADDRESS		•
CITY-ST-ZIP TITLE	NIMINI DON FL	DELETE.	4.1 TITLE	11 - 70 05	Change Addition
NAME	BONACHEA, ROBERTO	7	4. 2 NAME	HEETOR Fern 1720/Collins A	IANdez
	17201 COLLINS AVENUE		4.3 STREET ADDRESS	17201 Collins A	ve -
STREET ADDRESS	MIAMI BCH. FL		4.4 City-St-ZiP	Miami Beacht	433160
CITY-ST-ZIP TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	ENRIQUEZ, JULIAN A	-	5.2 NAME		
STREET ADDRESS	17201 COLLINS AVE		5.3 \$1REE1 ADDRESS		
CITY-ST-ZIP	MIAMI BCH. FL		5.4 C(1Y - S1 - ZIP	·	
TITLE	THE WOLL DOTTE I L	☐ DELETE	6.1 TALE		Change Addition
NAME			G.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		í
Junean Paralless			0.4.0(7)/.03.7(0		

14. I do hereby certify that the information supplied with this filing does not qualifyfor the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee emptyweed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, for on an attachment with an alidinss.

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