

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90146 026 ****61.25

0027605

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21471

1. Corporation Name

COUNT OF GALVEZ HISTORICAL SOCIETY, INC.

Principal Place of Business

**1544 TARRAGONA DRIVE
CORAL GABLES FL 33133
US**

Mailing Address

**1544 TARRAGONA DRIVE
CORAL GABLES FL 33133
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

07/06/1987

4. FEI Number

65-0066321

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**O'NAGHTEN, JUAN T
2665 SOUTH BAYSHORE DR
STE - 1100
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **DPS**
NAME **FERNANDO GARCIA-CHACON**
STREET ADDRESS **1544 TARRAGONA DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE **D/T**
NAME **LODOVICO BLANC**
STREET ADDRESS **4190 KIAORA ST**
CITY-ST-ZIP **MIAMI BEACH FL 33134**

TITLE **D**
NAME **RAFAEL MONTORO**
STREET ADDRESS **610 VALENCIA L**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **PD**
NAME **GARCIA-CHACON, FERNANDO**
STREET ADDRESS **1544 TARRAGONA AVE.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **CORAL GABLES FL 33134**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **LODOVICO BLANC**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **MIAMI FL 33133**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **CORAL GABLES FL 33134**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LODOVICO BLANC TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99
Date

305-4609886
Daytime Phone #

CR2E037 (11/98)