

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23642 (4)

1. Corporation Name

SPANISH INTERGROUP OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

**1770 WEST FLAGLER ST
SUITE 4
MIAMI, FL 33135
US**

**1770 WEST FLAGLER ST
SUITE 4
MIAMI, FL 33135
US**

3. Date Incorporated or Qualified

11/25/1987

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OROZCO, GILBERTO
7211 W. 24TH AVE., #2228
HIALEAH, FL 33016**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **OROZCO, GILBERTO**
STREET ADDRESS **7211 W. 24TH AVE., #2228**
CITY-ST-ZIP **HIALEAH FL 33016**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD**
1.3 STREET ADDRESS **GUILLERMO ROBALLO**
1.4 CITY-ST-ZIP **2761 SW 34 court**

TITLE **SD** ☐ DELETE
NAME **ALVALRADO, GUILLERMO**
STREET ADDRESS **1035 S.W. 3RD ST., #5**
CITY-ST-ZIP **MIAMI FL 33130**

2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME **HECTOR E.DE LA CRUZ**
2.3 STREET ADDRESS **5947 WEST 16 LANE**
2.4 CITY-ST-ZIP **HIALIAH, FL. 33012**

TITLE **TD** ☐ DELETE
NAME **ALFONSO ALTAMIRANO**
STREET ADDRESS **1451 W. 29TH ST., LOT 25**
CITY-ST-ZIP **HIALEAH, FL**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **RICARDO GOENAGA**
3.3 STREET ADDRESS **7415 SW 39 TERRACE**
3.4 CITY-ST-ZIP **MIAMI, FLA 33155**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

(VOID)

SIGNATURE:

GUILLERMO ROBALLO GILBERTO OROZCO, PRES. 3/30/96

SIGNATURE OF PRESIDENT OR SECRETARY AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)