

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90002 020 ****61.25

DOCUMENT # N23642

1. Entity Name
SPANISH INTERGROUP OF SOUTH FLORIDA, INC.



Principal Place of Business
**1770 WEST FLAGLER ST
SUITE 4
MIAMI, FL 33135 US**

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

54018980



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0296138

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEVILLA, CESAR
6331 SW 23 RD STREET
MIRAMAR, FL 33023**

Name

EDUARDO L. LARIOS

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

9610 S. W. 159th Street

City

MIAMI

FL

Zip Code
33157

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME SEVILLA, CESAR
STREET ADDRESS 6331 SW 23 RD STREET
CITY-ST-ZIP MIRAMAR, FL 33135

TITLE PD ☒ Change ☐ Addition
NAME EDUARDO L. LARIOS
STREET ADDRESS 9610 S. W. 159th Street
CITY-ST-ZIP Miami, FL 33157

TITLE SD ☒ Delete
NAME RAYO, ORLANDO
STREET ADDRESS 1211 WREN AVE
CITY-ST-ZIP MIAMI, FL 33166

TITLE SD ☒ Change ☐ Addition
NAME FRANCISCO NICARAGUA
STREET ADDRESS 1917 S. W. 107th AVENUE #707
CITY-ST-ZIP Miami, FL 33165

TITLE TD ☒ Delete
NAME BEJARANO, JOSE
STREET ADDRESS 631 N.E. 159 ST
CITY-ST-ZIP NORTH MIAMI, FL

TITLE TD ☒ Change ☐ Addition
NAME ALCIDES CISNEROS
STREET ADDRESS 1925 S. W. 118th CT #135
CITY-ST-ZIP Miami, FL 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #