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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N25905**

(3)

1. Corporation Name

**CONTACTO 12, INC.**



Principal Place of Business

P.O. BOX 452332  
MIAMI FL 33145

Mailing Address

P.O. BOX 452332  
MIAMI FL 33145

3. Date Incorporated or Qualified  
**04/08/1988**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**QUINONES, ANA MARIA**  
**2520 SW 27TH ST #4**  
**MIAMI FL 33133**

(New Address)  
**2748 NW 16 Ter.**  
**Miami FL 33125**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **QUINONES, ANA MARIA**  
STREET ADDRESS **2520 SW 27TH STREET**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **New Address**  
1.3 STREET ADDRESS **2748 NW 16 Ter.**  
1.4 CITY-ST-ZIP **Miami FL 33125**

TITLE **TD** ☐ DELETE  
NAME **QUINONES, LEONARDO**  
STREET ADDRESS **2520 SW 27TH STREET**  
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **TD**  
2.3 STREET ADDRESS **CARLOS LAVASTIDA**  
2.4 CITY-ST-ZIP **6427 W 22 Lane, Hialeah FL 33016**

TITLE **SD** ☐ DELETE  
NAME **NUNEZ, ASUNCION**  
STREET ADDRESS **611 NW 10TH ST.**  
CITY-ST-ZIP **MIAMI FL**

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

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 19.07(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/mo Phone #

CR2E037 (12/95)