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95 MAY -1 PM 1:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N27183
1. Corporation Name

FUNDACION LASALLISTA DE MIAMI INC.

Principal Place of Business Mailing Address

**901 Ponce de Leon Boulevard
Suite 606
Coral Gables, Florida 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/28/1988** 3a. Date of Last Report **1994**

4. FBI Number **65-0056973** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **901 Ponce de Leon Blvd** 26 **901 Ponce de Leon Blvd**
Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 **606** 27 **606**
City & State City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 **Coral Gables, Florida** 28 **Coral Gables, Florida**
Zip Country Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **XXXX** **\$68.75 Supplemental Fee Not Required**

24 **33134** 25 **Dade** 29 **33134** 30 **Dade**

8. This corporation has liability for intangible tax under S. 119A.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Abascal, Eduardo Garcia
901 Ponce de Leon Blvd. Suite 606
Coral Gables, Florida 33134**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
901 Ponce de Leon Blvd
83 **Suite 606**
84 City **Coral Gables** 85 Zip Code **FL 33134**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	P/D CASTRO, HUGO 8197 W 14 Court Hialeah, Florida	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	400001526694
TITLE	T/D Abascal, Eduardo Garcia 901 Ponce de Leon Blvd 606 Coral Gables, Florida 33134	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	06/29/95-0108-013
STREET ADDRESS		2.3 STREET ADDRESS	****61.25 ****61.25
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S/D Vila, Leonardo 2900 S.W. 66 Terrace Miramar, Florida	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

REMITTED BY MAY 1

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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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO GARCIA ABASCAL

DATE

4/26/95

DAYTIME PHONE #

305-4467723