

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90075 001 \*\*\*\*61.25

DOCUMENT # *129351*

1. Corporation Name

SACRED HEART ALUMNAE NATIONAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1300 SW 122 Ave.  
Apt. 223  
Miami, Fl. 33184

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Apt. 223  
Miami, Fl. 33184

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

s/a

26 1300 SW 122 Ave.

11/17/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

27 Apt. 223

NOT APPLICABLE

Not Applicable

City & State

28 Miami, Fl.

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

Zip

Country

29 33184

Country

30 U.S.A.

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Noemi Diaz-Montoro  
1300 SW 122 Ave.  
Apt. 223  
Miami, Fl. 33184

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	Noemi Diaz-Montoro	1300 S.W. 122 Ave. #223	Miami, Fl. 33184	<input type="checkbox"/>
VD	Agueda Infante	10041 S.W. 20 St.	Miami, Fl. 33165	<input type="checkbox"/>
SD	Adela Suarez	2266 S.W. 24 St.	Miami, Fl. 33145	<input type="checkbox"/>
TD	Elena M. Diaz	11211 S.W. 117 Ct.	Miami, Fl. 33186	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: *Noemi Diaz-Montoro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99 (305) 231-9566-67  
Date Daytime Phone #

CR2E037 (1/98)