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Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29862** (2)

1. Corporation Name

**ASOCIACION ANTIGUOS ALUMNOS Y EMPLEADOS DEL INST  
TUTO CIVICO MILITAR Y ESCUELAS POLITECNICAS, IN**

Principal Place of Business

Mailing Address

**%JUVENAL E. BLANCO  
2616 SW 34 AVE.  
MIAMI FL 33133**

**%JUVENAL E. BLANCO  
2616 SW 34 AVE.  
MIAMI FL 33133-2730**

3. Date Incorporated or Qualified  
**12/22/1988**

3a. Date of Last Report  
**03/16/1996**

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

**BLANCO, JUVENAL E.  
2616 SW 34 AVE.  
MIAMI FL 33133**

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, as 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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/14/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **BLANCO, JUVENAL E**  
STREET ADDRESS **2616 SW 34 AVE.**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **CASTRO, ENRIQUE**  
STREET ADDRESS **1815 FAIRHAVEN PL.**  
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **ALVAREZ, ELVIRA**  
STREET ADDRESS **3250 NW 99TH ST.**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ DELETE  
NAME **CHAO, MARIA**  
STREET ADDRESS **11760 SW 25 TERRA**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ DELETE  
NAME **PLUG, MARIA DEL C.**  
STREET ADDRESS **7060 W. 16 AVE.**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ DELETE  
NAME **DIZA, MANUEL**  
STREET ADDRESS **10341 SW 50 ST.**  
CITY-ST-ZIP **MIAMI FL**

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 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 its officer 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 added in attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

**3/14/97 (305) 443-0507**

CR2E037 (9/96)