FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # No. Corporation Name

N29862

(2)

ASOCIACION ANTIGUOS ALUMNOS Y EMPLEADOS DEL INSTITUTO CIVICO MILITAR Y ESCUELAS POLITECNICAS, IN

Principal Place of Business Mailing Address						r constant one storm rathe rotte distre (for utus) aluti piski aluti piski bibli bibli isbi		
%JUVENAL E. E	BLANCO	%JUVEN	IAL E. BLANCO				3. Date Incorporated or Qualified	
2616 SW 34 AV			2616 SW 34 AVE.				12/22/1988	
MIAMI FL 33133	3	MIAMI F	MIAMI FL 33133				4. FEI Number Applied For	
							NOT APPLICABLE Not Applicable	
2. Principal P	lace of Business	2a. Ma	2a. Mailing Address				5. Certificate of Status Desired S8.75 Additional	
21		26					Fee Required	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be	
City & State	<u> </u>		City & State				Trust Fund Contribution	
23	•	_ -	28				7. Is this nonprofit corporation a horseowners association? Yes No	
Zip	Country			untry				
24	25	29		30			Personal Property Tax due June 30. 🔲 Yes 🔲 No	
	9. Name and Address of Curre	nt Registere	d Agent		Ε,		10. Name and Address of New Registered Agent	
				,	81	Name	3	
BLANCO	, JUVENAL E.	82 Street Adv			Street A	t Address (P.O. Box Number is Not Acceptable)		
2616 SW								
miami fi	. 33133				83			
					84	City	85 Zip Code	
11 D	- A - 617 051	20 1 017 11	FOO Flavida October	sh			FL 60 17 3333	
office or r	egistered agent, or both, in the State	of Florida, S	Such change was	es, ine a authorize	d by	the corp	d corporation's board of directors. I hereby accept the appointment as registered	
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. I am familiarly by an accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE _	Signature of registered ag	ent and title if ann	licable (NO)	F: Renistere	d Age	ent signature	re required when reinstating) DATE	
12.	OFFICERS AN			13.	a Ago	ant orginatore	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		DELETE	1.1 T	ITLE		Change Addition	
NAME	BLANCO, JUVENAL E			1.2 N	AME			
STREET ADDRESS	2616 SW 34 AVE.			1.3 S	TREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL			1.4 C	ITY-S	T-ZIP		
TITLE	D		DELETE	2.1 TI	ITLE		Change Addition	
NAME	CASTRO, ENRIQUE			2.2 N	AME			
STREET ADDRESS	1815 FAIRHAVEN PL.			2.3 8	TREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL		T on the			ST-ZIP	The state of the s	
TITLE	D		DELETE	3.1 TI			Li Change Li Addition	
NAME	ALVAREZ, ELVIRA			3,2 N				
STREET ADDRESS	3250 NW 99TH ST. MIAMI FL					ADDRESS		
CITY-ST-ZIP TITLE	D		DELETE	3.4. 0 4.1 TI		T-ZIP	Change Addition	
NAME	CHAO, MARIA			4.21			J. Grange J.	
STREET ADDRESS	11760 SW 25 TERRA					ADDRESS		
CITY - ST - ZIP	MIAMI FL				ITY-S			
TITLE	D		DELETE	5.1 TI		· <u></u> -	Change Addition	
NAME	PLUG, MARIA DEL C.			5.2 N	AME	{		
STREET ADDRESS	7060 W. 16 AVE.			5.3 S	TREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL			5.4 C	iTY-S	T-ZIP		
TILLE	D		DELETE	6.1 TI	TLE		☐ Change ☐ Addition	
NAME	DIZA, MANUEL			6.2 N	AME	j		
STREET ADDRESS	10341 SW 50 ST.			6.3 S	TREET	ADDRESS		
CITY - ST - ZIP	MIAMI FL			6.4 C	ITY-S	T-ZIP		
indicated	erury that the information supplied in on this annual report or suppliers into	⁄itn this tilthg a∮annual rep	does not qualify foot is true and acc	or the exe curate an	empt d the	uon stated at my sigr	ted in Section 119.07(3)(1), Florida Statutes. I further certify that the information gnature shall have the same legal effect as if made under oath; that I am an	
14. Thereby 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 supplier that 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 of the								

14. I hereby certify that the information supplied with this filling 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 Block 12 or Block 3 if changed or on an attainment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

941-472-4690

FILED

Jan 21 1998 8:00am

Secretary of State

laytime Phone # 0026826