

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90013 008 ****61.25

DOCUMENT # N29862

1. Entity Name
**ASOCIACION ANTIGUOS ALUMNOS Y EMPLEADOS DEL
INSTITUTO CIVICO MILITAR Y ESCUELAS
POLITECNICAS, IN**



Principal Place of Business
**%JUVENAL E. BLANCO
2616 SW 34 AVE.
MIAMI, FL 33133**

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

54007443



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Juvenal Blanco**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-04

Date

805-443-0557

Daytime Phone #

DIRECTOR