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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N32158

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CULTU	EI OBIDA	APA	HAMPIRES	ASSOCIATION.	INC.
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0: :::(0:		Mailing Address					
Principal Place	of Business	Mailing Address					
17630 NW 86T		17630 NW 86TH AVE	≣ .				
HIALEAH FL 3	3015	HIALEAH FL 33015			Date Incorporated or Qualified	3a. Date of L	ast Benort
					05/08/1989		1/1995
9 Dringing Dis	ace of Business	2a. Mailing Address			4. FEI Number	00/0-	Applied For
2. FINCIPALFIC	ace of business	26			65-0134788		Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8	.75 Additional
2		27			5. Cermicate di Status Desired	<u> </u>	ee Required
City & State)	City & State			6. Election Campaign Financing		5.00 May Be
:3		28			Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Coun	try	This corporation has liability for in Florida Statutes	ntangible tax und∈ ☐ Yes ☐ No	er s. 199.032,
24	9. Name and Address of	Current Registered Agent	30		10. Name and Address of New Re		
	9, 148/118 8/10 A001035 01	our one registered Agent		31 Name		<u> </u>	
	arı		ļ.		/D.O. Day Niverbay in Not Accountable	lo\	.,
ELIZADE,				Street Add	ress (P.O. Box Number is Not Acceptable	ie,	
	W. 86TH AVE.		Ī	B3			
MIALEAM	FL 33015		-	•		les	Zip Code
				B4 City		FL 85	21p 000e
11. Pursuant I	to the provisions of Sections 61	7.0502 and 617.1508, Florida Sta	atutes, the abov	e named corpo	ration submits this statement for the pur	pose of changing	its registered office
or register	red agent, or both, in the State	of Florida. Such change was auth of, Section 617.0503, Florida Stati	iorized by the co utes.	orporation's boa	ard of directors. I hereby accept the appoint	oritment as regisi-	ereo agent. Fam
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familiar wi	th, and accept the obligations of						
familiar with SIGNATURE	Signature, typed or printed name of register			Agent signature require		DATE	07.000.00.00
familiar with SIGNATURE	Signature, typed or printed name of register	RS AND DIRECTORS	13.		ed when renstaing) AND TIONS/CHANGES TO OFF	ICERS AND DIRE	
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