

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32829** (6)
Corporation Name
DOMINICAS FRANCESAS ALUMNI ASSOCIATION-VERITAS, INC.

Principal Place of Business 8900 SW 19 STREET MIAMI FL 33165	Mailing Address 8900 SW 19 STREET MIAMI FL 33165
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/14/1989	4. FEI Number 65-0336761	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent BADIA, ARNHILDA 1221 BIRD ROAD CORAL GABLES FL 33146	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD TORRES, MARIA A 304 NW 136TH PLACE MIAMI FL	1.1 TITLE	PD LIRIA BONDAR 6795 SW 52 Street Miami, FL 33155
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V SUCENA, MIRTA 8881 SW 50 TERR MIAMI FL	2.1 TITLE	V ANA Rodriguez 3010 SW 192 Place Miami, FL 33165
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V ANDUEZA, YAKIMAFIFE 355 MENORES AVE CORAL GABLES FL 33134	3.1 TITLE	V CARMEN Elena Millares 5775 Collins # 501 Miami Beach, FL 33140
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VT MARTINEZ, IDA OLGA 8900 SW 19 ST MIAMI FL 33165	4.1 TITLE	VT SAME
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V REY, NERIDA R 10253 SW 126 ST MIAMI FL 33176	5.1 TITLE	S (Secretary) MARIA Elena SUST Gonzalez 2745 SW 10 Terrace #2 Miami, FL 33135
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T VALCORCEL, JOSEFINA 620 CORAL WAY APT 13 CORAL GABLES FL 33134	6.1 TITLE	T JOSEFINA VALCORCEL 610 CORAL WAY, #5 CORAL GABLES, FL 33134
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____

Signature and Typed or Printed Name of Signing Officer or Director
LIRIA BONDAR

2/2/97

Date

Daytime Phone # _____

CR2E037 (10/97)