## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(8)

Principal Place of Business	Mailing Address
49 MAJORGA AVE	49 MAJORGA AVE
CORAL GABLES FL 33134	CORAL GABLES FL 33134-4683

## **FILED** Apr 14 1997 8:00am Secretary of State

Principal Place of Business  49 MAJORCA AVE CORAL GABLES FL 33134  CORAL GABLES FL 33134  28 Maling Address  29 Majorca AVE CORAL GABLES FL 33134  29 Applied For Not Applicable Subject of Status Desired Status Desired Fee Required Fee Required Trust Fund Contribution Fee Required Trust Fund Contribution Fee Required Fee Required Status Desired Status Desired Fee Required Trust Fund Contribution Fee Required Status Desired Status Desired Fee Required Trust Fund Contribution Fee Required Status Desired Fee Required Trust Fund Contribution Fee Required Status Desired Fee Required Trust Fund Contribution Fee Required Status Desired Fee Required Trust Fund Contribution Fee Required Status Desired Fee Required Trust Fund Contribution Fee Required Status Desired Fee Required Trust Fund Contribution Fee Required Status Post Fee Required Trust Fund Contribution Fee Required Status Fee Fee Required Status Fee Fee Required Fee Required Status Fee Fee Required Fee Required Trust Fund Contribution Fee Fee Required Fee Required Trust Fund Contribution Fee Fee Required
CORAL GABLES FL 33134  CORAL GABLES FL 33134-4683  3. Date incorporated or Quelified O7/14/1989  3a. Date of Last Report O2/27/1996  2. Principal Place of Business  2a. Malling Address  4. FEI Number 65-0243575  Not Applied For 65-0243575  Not Applied For 65-0243575  Sulte, Apt. #, etc.  5. Certificate of Status Desired \$8.75 Additional Fee Required  City & State  28  Zip  Country  Zip  Country  Added to Fees  Added to Fees  8. This corporation has liability for intangible tax unders. 199.032, Florida Statutes  Findia Statutes  Value and Address of New Registered Agent  10. Name and Address of New Registered Agent  PL 85  Zip Code  11. Pursuant to the provisions of Soctions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Soction 617.0503, Florida Statutes.
2. Principal Place of Businoss 2. Applied For A5-0243575 2. Sulfe, Apt. #, etc. 3. Sulfe, Apt. #, etc. 3. Sulfe, Apt. #, etc. 3. Sulfe, Apt. #, etc. 4. FEI Number 65-0243575 3. Rot Applied For Not Applicable 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. For Each 1. Fee Required 7. Trust Fund Contribution 7. Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 7. Yes 7. No. 10. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Soctions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Soction 617.0503, Florida Statutes.
21 26 Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Substant Address of Current Registered Agent  CRIBARRI, JOSE R.  49 MAJORCA AVE.  APT. 201  CORAL GABLES FL 33134  26 Suile, Apt. #, etc.  Su
Suite, Apt. #, etc.  Suite Added to Fees  Trust Fund Contribution  Added to Fees  Added to Fees  No  Suite, Apt. #, etc.  Suite Added to Fees  Suite, Apt. #, etc.  Suite Added to Fees  Suite, Apt. #, etc.  Suite, Apt. #, etc. #,
27 City & State Country Country Country Country Zip Country B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yos No Name and Address of Current Registered Agent  URIBARRI, JOSE R. 49 MAJORCA AVE. APT. 201 CORAL GABLES FL 33134  B4 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named 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.
City & State  28  City & State  28  City & State  28  Country  Country  Country  29  Country  29  30  Country  8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Florida Statutes  Yes No  Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  VRIBARRI, JOSE R.  49 MAJORCA AVE.  APT. 201  CORAL GABLES FL 33134  City  FL  85  City  FL  85  City  FL  85  Cip Code  11. Pursuant to the provisions of Soctions 617.050? and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Soction 617.0503, Florida Statutes.
Zip Country Zip Country Zip Country S. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  URIBARRI, JOSE R. 49 MAJORCA AVE. APT. 201  CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83 City FL 85 Zip Code  11. Pursuant to the provisions of Soctions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, Soction 617.0503, Florida Statutes.
28 30 Florida Statutes Yes No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  URIBARRI, JOSE R. 49 MAJORCA AVE. APT. 201 CORAL GABLES FL 33134  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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  URIBARRI, JOSE R. 49 MAJORCA AVE. APT. 201  CORAL GABLES FL 33134  12. Street Address (P.O. Box Number is Not Acceptable)  83  City  FL 85  Zip Code  11. Pursuant to the provisions of Soctions 617.0502 and 617.1506, Florida Statulos, the above-named corporation submits this statement for the purpose of changing its 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, Soction 617.0503, Florida Statules.
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SIGNATURE
Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent a gnature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD DELETE 1.1 TITLE Change Addition
NAME URIBARRI JOSE R. 1.2 NAME
STREET ADDRESS 49 MAJORCA AVE. #201 1.3 STREET ADDRESS
CITY-ST-ZIP         CORAL GABLES FL         1.4 CITY-ST-ZIP           TITLE         DV         DELETE         2.1 TITLE
NAME GRANDA MAGDA 2.2 NAME  STREET ADDRESS 49 MAJORCA AVE. #201 2.3 STREET ADDRESS
AADAL AADISA SI
CITY-ST-ZIP CORAL GABLES FL 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition
NAME BRINKMAN MARGARET 32 NAME
STREET ADDRESS 49 MAJORCA AVE. #201 3.3 STREET ADDRESS
CITY-ST-ZIP CORAL GABLES FL 3.4. CITY-ST-ZIP
NAME RAFIELD, JUANITA 4.2 NAME
STREET ADDRESS 49 MAJORCA AVE. 201 4.3 STREET ADDRESS
CITY-ST-ZIP CORAL GABLES FL 4.4 CITY-ST-ZIP
TITLE -D- DELETE 5.1 TITLE >> Change Addition
NAME STRUM, DELIA 5.2 NAME SEAUPERTHUY, DELIA
STREET ADDRESS 49 MAJOROAS AVE. 201 5.3 STREET ADDRESS 49 MAJORCA AVE. 201
CITY-ST-ZIP GORAL GABLES FL 5.4 CITY-ST-ZIP CORAL GABLES, FL
TITLE DELETE 6.1 TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  14. Lido 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

I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made undor 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 chapted, or on an attachment with an address.