

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N34436 (8)**  
1. Corporation Name  
**CHILDREN'S FOUNDATION TO DRESS THE HUMBLE, INC.**



Principal Place of Business Mailing Address  
**717 PONCE DE LEON BLVD.  
STE. 331  
CORAL GABLES FL 33134**

3. Date incorporated or Qualified **10/02/1989** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **65-0244208** Applied For ☐ Not Applicable ☐  
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

## 9. Name and Address of Current Registered Agent

**MORA, LUIS E  
3446 S.W. 8TH STREET, SUITE 212  
MIAMI FL 33135**

## 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

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

Signature typed or printed name of registered agent and block if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D **MORA, LUIS E**  
**5520 ALHAMBRA CR.**  
**CORAL GABLES FL**  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D **SUAREZ, GUSTAVO G**  
**3509 S.W. 29TH STREET**  
**MIAMI FL 33133**  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D **MORA, CRISTINA**  
**5520 ALHAMBRA CIR.**  
**CORAL GABLES FL**  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP  
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP  
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP  
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP  
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP  
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** *Luis E. Mora* **LUIS E. MORA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**January 18, 1996**  
Date

**854-5081**  
Daytime Phone #

CP2E037 (12/95)