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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

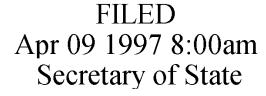
(2)

RESP: LOGIA SIMB: "ELIZABETH ST.LEGER NO.21", INC.

Principal Place of Business

Mailing Address

2040 SW 123 COURT MIAMI FL 33175 2040 SW 123 COURT MIAMI FL 33175-7721





3. Date Incorporated or Qualified 3a. Date of Last Report

							ļ	02/0	17/1990] •	05/01/19	96		
2. Principal Plac			2a. Mailing Ad	ddress			4	. FEI Numl		· · · · · · · · · · · · · · · · · · ·			polied For		
		AGLER ST.	26					700	193902				ot Applicable		
Suite, Apt. #,			Suite, Apt	. #, etc.			5	6. Certificate	e of Status De	sired		4	Additional		
22 SULTI City & State		<u> </u>	27 City & Sto	to	 -								egulred		
City & State City & State 23 MIAMI, FL 28									Campaign Fina d Contribution	-			May Be		
Zip	· · · · · ·	Country	Zip		Country	······································							to Fees		
24 33(3)	4 2	7	29	30	າ ໌		"	Florida Si	oration has lis atutes			tax unoer t █ No	5, 199.032,		
4 0010		nd Address of Current			1		10		d Address of						
	·- ·		·· -		81	Name		, -			<u></u>	-7	-		
PUENTES, DAXIE-ISSE							ON CHARLES TO C. P. M. C.								
2040 SW 123 COURT MIAMI FL 33175						82 Street Address (P.O. Box Number is Not Acceptable)									
						 									
THE STATE OF	30113				 	 						 			
					84	City		i i			FL	85 Zip	Code		
11. Pursuant to	the provisio	s of Sections 617.0502	and 617.1508, FI	orida Statutes.	the above	e-named	corporati	ion submits	this statement	for the p	urpose of	changing	its registered		
ottice or rec	distered adel	nt, or both, in the State of and accept the obligation	ol Florida. Such ch	rance was auth	norized by	v the corr	poration's	board of di	rectors. I here	by accep	t the app	ointment as	registered		
•	I SECTION STATE	, and accept the obliga	ions or, accion o	17.0303, 110110	ia Giaidie	.									
SIGNATURE	signature typed or	printed name of registered agen	t and title if applicable.	(NOTE: R	egistered Age	ent signature	e required wh	en reinstating)			DATE				
12.		OFFICERS AND	DIRECTORS		13.	·		ADDITION	S/CHANGES	O OFFIC	ERS AND	DIRECTO	RS IN 12		
TITLE	D			DELETE	1.1 TITLE							☐ Change	Addition		
NAME	PUENTES	DAXIE-ISSE			1,2 NAME		j								
STREET ADDRESS	2040 SW	123 COURT			1.3 STREET	ADDRESS]								
CHY-ST-ZIP	MIAMI FL				1.4 CITY-S	ST-ZIP	}								
JIJTE	D			DELETE	2.1 TITLE		T					Change	Addition		
NAME	WEGLARS	, MARIA Y.		j	2.2 NAME		1					:			
STREET ADDRESS	3839 SW	126 COURT		į	23 STREET	ADDRESS	į					i			
CITY-ST-ZIP	MIAMI FL				2.4 CITY-	ST-ZIP									
TITLE	D		×	DELETE	3.1 TITLE		D					Change	Addition		
NAME	LARREA,	SONIA			3.2 NAME		RAS	OLET'	ri, Ju	DITH					
STREET ADDRESS	12220 S.V	1. 121 AVE		1	33 STREET	ADDRESS	1378	71 2'(U. 74	ST.					
CITY-S1-ZIP	MIAMI FL				3.4. CITY-	ST-ZIP	MIA	emi, F	=L 33	183					
TITLE				DELETE	4.1 TITLE		<u> </u>					Change	Addition		
NAME]	4. 2 NAME]								
STREET ADDRESS					4.3 STREET	ADDRESS	}								
CITY-ST-ZIP					4.4 CiTY - S	ST-ZIP	<u> </u>								
TITLE				DELETE	5.1 TITLE]					Change	Addition		
NAME					5.2 NAME										
1					5.3 STREET	ADDRESS	1								
STREET ADDRESS							J								
STREET ADDRESS CITY-ST-ZIP					5.4 CITY - S	ST - ZiP	<u> </u>								
	<u> </u>			DELETE	6.1 TITLE	ST - ZIP	 	 .		 		Change	Addition		
CITY-ST-ZIP				DELETE		ST - ZIP	 			·- <u>-</u>		Change	☐ Addition		
CITY-ST-ZIP				DELETE	6.1 TITLE							Change	Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		ne information supplied			6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY-S	ADORESS									