

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 # N39009 (8)

1. Corporation Name

ACADEMIA DE LAS LUMINARIAS DE LAS BELLAS ARTES, INC.



Principal Place of Business

6702 SW 25 TERR.
2250 SW 3RD AVE
MIAMI FL 33155
US

Mailing Address

6702 SW 25 TERR.
MIAMI FL 33155
US

3. Date Incorporated or Qualified 07/10/1990	3a. Date of Last Report 02/22/1995
4. FEI Number 65-0226260	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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**OLIVA, RUBEN
2250 SW 3RD AVE
MIAMI FL 33129**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	D ROMAN, PEDRO	12 NAME	
STREET ADDRESS	6702 SW 25TH TER	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	VPD MOLINA, ANTONIO	22 NAME	
STREET ADDRESS	4300 SW 11 ST.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	SD OTERO DE, ERNESTO	32 NAME	
STREET ADDRESS	1750 W 46TH ST #113	33 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96 (305) 667-7326
Date Daytime Phone #

CR2E037 (12/95)