

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43204 (9)

1. Corporation Name

YOUNG MARINES OF DADE, M.C.L., INC.

Principal Place of Business

Mailing Address

**C/O MARK GALLEGOS
1440 AMERFIRST BLDG.
MIAMI FL 33131**

**C/O MARK GALLEGOS
1440 AMERFIRST BLDG.
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1991

3a. Date of Last Report

04/14/1994

4. FEI Number

38-2346425

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☒

**\$68.75 Supplemental
Fee Not Required**

8. 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

**GALLEGOS, MARK
ONE SOUTHEAST THIRD AVE.
1440 AMERFIRST BLDG.
MIAMI FL 33131**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	RODRIGUEZ, ANGEL M.
STREET ADDRESS	13420 SW 79TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	CASTILLO, TOMAS F
STREET ADDRESS	14600 SW 122ND PL
CITY - ST - ZIP	MIAMI FL
TITLE	DV
NAME	RODRIGUEZ, FELICITA
STREET ADDRESS	13420 SW 79TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	DA
NAME	RODRIGUEZ, ANGEL E.
STREET ADDRESS	13420 SW. 79TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	DT
NAME	CASTILLO, YOLANDO
STREET ADDRESS	14600 SW 122 PL
CITY - ST - ZIP	MIAMI FL
TITLE	DV
NAME	TORRES, RICHARD
STREET ADDRESS	1259 SW 20TH ST
CITY - ST - ZIP	MIAMI FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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:

Angel M. Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANGEL M. RODRIGUEZ

Date

Daytime Phone #

4-16-95 305-539-2301