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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

N44165

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IULEOIA	DAULIOLA	UΕ	POMPANO	DEACH.	ING

Principal Pla	ace of Business	Mailing Address	· -		-				
Ţ	HWEST 17TH STREET	101 SOUTHWEST 17TI	N STOCCT						
	BEACH FL 33060	POMPANO BEACH FL							
						3. Date Incorporated or Qualified 07/03/1991		1 Last Report 08/1995	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	- -	Applied For		
21 Suite As	ot # oto		26		65-0275161		Not Applicable		
Suite, Apt. #, etc.		27				5. Certificate of Status Desired	\$	8.75 Additional Fee Required	
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	ip Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re		nt	
			81	Name	e				
	ramon C Outhwest 17th Street		82	Stree	t Addres	s (P.O. Box Number is Not Acceptable)		
	ANO BEACH FL 33060		83	 -					
			84	City			Te.	5 Zip Code	
				'			FL 8	1 '	
11. Pursuar or regis familiar	nt to the provisions of Sections 617.050; tered agent, or both, in the State of Flori with, and accept the obligations of, Sec	2 and 617.1508, Florida Statu ida. Such change was authori tion 617.0503, Florida Statute	ites, the above- ized by the corp es.	named oration	corporati 's board	ion submits this statement for the purp of directors. I hereby accept the appoi	ose of changin ntment as regi	g its registered offic stered agent. I am	
SIGNATURE									
	Signature, typed or printed name of registered agen		IOTE: Registered Age	nt signatur	e required w		DATE		
12. TITLE	D OFFICERS AN	ID DIRECTORS	13.		7	ADDITIONS/CHANGES TO OFFIC			
NAME	COTTO, ROBERT	DELETE	1.1 TITLE 1.2 NAME		7	RDOZO, CARlos NW 17 COURT MPANOBEACH, FI	C)	nange 🔀 Addition	
STREET ADDRES			1.2 NAME 1.3 STREET	ADDRECO	CH	ALL A A T			
CITY-\$T-ZIP	MARGATE FL				∂_{α}	HW H CBOK!	22-1		
TITLE	D D	DELETE	1.4 CITY-5 2.1 TITLE	1-211	10	MPANO DERCH, 1-1	<u> </u>	ange 🔀 Addition	
NAME	DIAZ, RAMON C.		2.2 NAME		R	ARIQUEZ Ahroha.		ange gas raomon	
STREET ADDRES			2 3 STREET	ADDRESS	14	DAIGUEZ, ABRAHAI 24 NE 62 St.	VI		
CITY-ST-ZIP	POMPANO BEACH FL		2 4 CITY-		E+	LAUDERDALE, F.1 3	2202		
TITLE	D	DELETE	3 1 TITLE			~ Tobelesine, 11 J		nange	
NAME	MIRELES, JUAN		3 2 NAME				-		
STREET ADDRES	· ·		3.3 STREET	ADDRESS	3				
CITY+ST-ZIP	POMPANO BEACH FL		3.4. CITY-	ST-ZIP					
TITLE	A STATE OF S	DELETE	4.1 TITLE				☐ Cł	nange	
NAME			4. 2 NAME		1				
STREET ADDRES	s		4.3 STREET	ADDRESS	3				
CITY-ST-ZIP			4.4 CITY - S	1- Z IP					
TITLE		DELETE	5.1 TITLE				☐ Ct	nange 🔲 Addition	
NAME			5.2 NAME						
STREET ADDRES	s		5.3 STREET	ADDRESS	5				
CITY-ST-ZIP			5.4 CITY - S	T-2IP			··· · · · · · · · · · · · · · · · · ·		
TITLE		DELETE	6.1 TITLE				□ Ct	nange	
NAME			6.2 NAME						
STREET ADDRES	S		6.3 STREET		3				
CITY-ST-ZIP	aby partify that the information are all of	mith the films is substant at	6.4 CITY - 5	T-ZIP	La DE T	ii			
COLLINATI	eby certify that the information supplied hat the information indicated on this and at I am an officer or director of the corpo in Block 12 or Block 13 if changed, or	ual recion of subblemental and	oual recont is to	ie and a to exec	accurate ute this r	and that my signature shall have the se eport as required by Chapter 617, Flori	ama laggi affoc	t an if made under	

SIGNATURE:

KAMON C. DIAZ JR. SIGNATURE AND TYPED OR PRINTED NAME OF SCHOOL OFFICER OR DIRECTOR

- 1 (A DAVIDI BAL ADATA BIBAN MADA BAKAN BAKAN BAKAN BABAN BIBAN BIBAN BABAN BIBAN BABAN