

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45338** (3)

1. Corporation Name

**AMERICAN ASSOCIATION OF SALVADOREAN PROFESSIONAL
S INC.**

Principal Place of Business

Mailing Address

**11420 SW 35TH LN
MIAMI FL 33165**

**11420 SW 35TH LN
MIAMI FL 33165**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/26/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0311679	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAVEZ, ROBERTO A.
11420 SW 35TH LN
MIAMI FL 33165**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Ana A. Santos <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAJERRO, DOLORES	1.2 NAME	11820 S.W. 13th Street
STREET ADDRESS	525 SW 66TH AVENUE	1.3 STREET ADDRESS	Pembroke Pines, FL 33026
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Enrique Cuellar <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONATE, MAURICE	2.2 NAME	13735-D S.W. 84th Street
STREET ADDRESS	9440 WEST FLAGER, #103	2.3 STREET ADDRESS	Miami, FL 33183
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Guillermo A. Sanchez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOMINIQUE, RICARDO	3.2 NAME	9940 S.W. 223 Terr
STREET ADDRESS	11756 SW 93RD TERRACE	3.3 STREET ADDRESS	Mia. FL 33190-1549
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	CHAVEZ, ROBERTO A.	4.2 NAME	
STREET ADDRESS	11420 SW 35 LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33165	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Roberto A. Chavez** 01/31/98 1-305-2218322

CR2E037 (10/97)