FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 29, 1999 8:00 am § Secretary of State

03-29-1999 90081 042 ****70.00

DOCL	JMENT	#	N4	5338

1. Corporation Name

AMERICAN ASSOCIATION OF SALVADOREAN PROFESSIONAL S INC.

Principal Place of Business 11420 SW 35TH LN MIAMI FL 33165 Mailing Address

11420 SW 35TH LN MIAMI FL 33165

minimir I s. our		12 30/00				 	BEI BIOIL IOOI
	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 09/26/1991			
21		26					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0311679	•	plied For	
27					00-0011019		t Applicable
City & State	City & State City & State			5. Certificate of Status Desired		\$8.75 / Fee Re	
Zip					6. Election Campaign Financing	\$5.00	May Be
24	25	29 30		Trust Fund Contribution Added to Fees			
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agent	
			81	Name			
CHAVET	ROBERTO A.		00	Ct - A Addr	res (D.O. Bey Number is Net Accordable)		
•			82 Street Address		ess (P.O. Box Number is Not Acceptable)		
	/ 35TH LN	:	83				
miami fl	33165		L		<u> </u>		
			84	City	· E	85 Zip (Code
				<u>L</u>	oration submits this statement for the purpose of	<u> </u>	
agent. I a	am familiar with, and accept the obligation of registered ager			nt signature required	d when reinstating) DATE		<u> </u>
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	SD-	DELETE	1.1 TITLE		***	Change	Addition
	SANTOS, ANA A		1,2 NAME				_
NAME				T ADDRESS			
STREET ADDRESS		•			** .		
CITY-ST-ZIP	PEMBROKE PINES FL 33026	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-20		Change	Addition
TITLE	VPD	C Deterio	2.1 MAME		. ,		
NAME	CUELLAR, ENRIQUE	,	1		**		
STREET ADDRESS				TADDRESS	Ş		
CITY-ST-ZIP	MIAMI FL 33183	DELETE	2. 4 CITY-5	ST-ZIP		Change	Addition
TITLE	TD	Dereie	3.1 TITLE			change	
NAME	SANCHEZ, GUILLERMO		3.2 NAME		المحمون المعارب		
STREET ADDRESS	9940 SW 223 TERRA			TADDRESS			
CITY-ST-ZIP	MIAMI FL 33190		3.4. CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	P	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	CHAVEZ, ROBERTO A.		4, 2 NAME		•	•	
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI, FL 33165		4.4 CITY-8				
FITTLE CONTRACTOR	STATE OF THE STATE	DELETE				—— [=] Change=	Addition
NAME			5.2 NAME		· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS			5.3 STREE	TADDRESS	€		
CITY-ST-ZIP			5.4 CITY- S	T- ZIP		<u> </u>	
TITLE		☐ DELETE	6.1 TITLE		,	Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
- CITAL MEDIA	1		-				

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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/79-9 (305) 221-8322 Date Dayline Phone # = -----