

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED

Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N45663

1. Entity Name
ANTILLES JESUIT AID, INC.



Principal Place of Business
12725 SW 6TH STREET
MIAMI, FL 33184

Mailing Address
12725 SW 6TH STREET
MIAMI, FL 33184



01202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0341705

Applied For
Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HERNANDEZ, VICTOR M SJ
12725 SW 6TH STREET
MIAMI, FL 33184

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

V Hernandez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HERNANDEZ, VICTOR M.S.J.
12725 SW 6TH STREET
MIAMI, FL 33184

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GARCIA, MARCELINO S. J.
12725 SW 6TH STREET
MIAMI, FL 33184

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ESQUIVEL, JOSE M SJ
12725 SW 6TH STREET
MIAMI, FL 33184

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000013306
01/26/04-80049-004 61.25

DO NOT WRITE
IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

V Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-04 305-223-8600