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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46276** (4)

1. Corporation Name

COORDINADORA SOCIAL DEMOCRATA, INC.

Principal Place of Business

Mailing Address

2645 DOUGLAS RD
SUITE 301
CORAL GABLES FL 33133-2744
US

2645 DOUGLAS RD
SUITE 301
CORAL GABLES FL 33133-2744
US

3. Date Incorporated or Qualified
11/27/1991

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 **2801 Ponce de Leon Blvd.**

25 **2801 Ponce de Leon Blvd.**

4. FEI Number
65-0309957

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 320**

27 **Suite 320**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

City & State

City & State

23 **Coral Gables, Fl.**

28 **Coral Gables, Fl.**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **33134**

25 **US**

29 **33134**

30 **US**

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

FERNANDEZ, LINO B.
2645 DOUGLAS RD
SUITE 301
MIAMI FL 33133-2744

81 Name **Fernandez, Lino B.**

82 Street Address (P.O. Box Number is Not Acceptable)
2801 Ponce de Leon Blvd.

83 **Suite 320**

84 City **Coral Gables** **FL** 85 Zip Code **33134**

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 **D** ☐ DELETE
NAME **BARBA, MANUEL**
STREET ADDRESS **9510 SW 30 TERRACE**
CITY-ST-ZIP **MIAMI FL 33165**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FERNANDEZ, LINO B.**
STREET ADDRESS **414 BARBAROSA**
CITY-ST-ZIP **CORAL GABLES FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MARTINEZ VENEGAS, EMILIO**
STREET ADDRESS **9470 SW 9 TERR**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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:  **Manuel Barba** 3/16/97 (305) 350-7632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026747

CR2E037 (9/96)