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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 24 1996 8:00 am  
Secretary of State

DOCUMENT # N48037 (8)

1. Corporation Name

MONTE ALVERNA INC.

Principal Place of Business

10987 S.W. 25TH STREET  
MIAMI FL 33165

Mailing Address

10987 S.W. 25TH STREET  
MIAMI FL 33165

3. Date Incorporated or Qualified  
03/25/1992

3a. Date of Last Report  
06/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
65-0323642

Applied For  
Not Applicable

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

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

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

GARCIA, GERARDO  
10987 S.W. 25TH STREET  
MIAMI FL 33165

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 PD ☐ DELETE  
NAME GARCIA, GERARDO  
STREET ADDRESS 10987 SW 25 ST.  
CITY-ST-ZIP MIAMI FL 33165

1.1 TITLE SD ☒ Change ☐ Addition  
1.2 NAME Miriam Vera  
1.3 STREET ADDRESS 5905 SW 26th St.  
1.4 CITY-ST-ZIP Miami, FL 33155

TITLE VD ☐ DELETE  
NAME MENDOZA, RAUL  
STREET ADDRESS 10985 SW 25 ST.  
CITY-ST-ZIP MIAMI FL 33165

2.1 TITLE TD ☐ Change ☒ Addition  
2.2 NAME Lourdes Pola  
2.3 STREET ADDRESS 4675 W. 18th Ct.  
2.4 CITY-ST-ZIP Hialeah, FL 33012

TITLE SD ☒ DELETE  
NAME URRRA, AGUEDA  
STREET ADDRESS 2439 SW 110 AVE.  
CITY-ST-ZIP MIAMI FL 33165

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Gerardo Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

(305) 554-9054

Date

Daytime Phone #

CR2E037 (12/95)