FILE NOW: FILING FEE IS \$61.25

Jul 22 1998 8:00am NONPROFIT FLORIDA DEPARTMEN **CORPORATION** Sandra B. Mor Secretary of State ANNUAL REPORT Secretary of St ZNOIT DIVISION OF CORPO 1998 (8)DOCUMENT # N48037 MONTE ALVERNA INC. Mailing Address Principal Place of Business 3. Date Incorporated or Qualified 10987 S.W. 25TH STREET 10987 S.W. 25TH STREET 03/25/1992 MIAMI FL 33165 MIAMI EL 33165 4. FEI Number Applied For Not Applicable 65-0323642 \$8.75 Additional 2a. Mailing Address 5. Certificate of Status Desired 2. Principal Place of Business Fee Required 21 6. Election Campaign Financing \$5.00 May Be Suite, Apt. #, etc. Suite, Apt. #, etc. Trust Fund Contribution П Added to Fees 27 22 7. Is this nonprofit corporation a homeowners association? City & State City & State Yes 💹 No 28 23 8. This corporation owes or has paid the current year Intangible \overline{c} Zip Country Zip Personal Property Tax due June 30. Yes 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Street Address (P.O. Box Number is Not Acceptable) Garcia, Gerardo 10987 S.W. 25TH STREET **MIAMI FL 33165** Zip Code 85 ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered Pursuant to the provisions of Soctions 617.0502 and 617.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was authorize
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Sta Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Register ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 73. OFFICERS AND DIRECTORS 12 Change ★ Addition DELETE 1.1.1 TITLE GARCIA GERARDO 1.2 N 1.3 S TEET ADDRESS 10987 SW 25 ST NAME MIRIAM VERA STREET ADDRESS 5905 SW 26TH ST 1.4 CY-ST-ZIP MIAMI FL 33165 MIAMI FL CITY-ST-ZIP Change Addition DELETE 2.1 10 TITLE 2.2 N, 2.3 S FET ADDRESS MENDOZA, RAUL NAME 10985 SW 25 ST. STREET ADDRESS 2.4 CY-ST-ZIP MIAMI FL 33165 CITY-ST-ZIP Change Addition DELETE 3.1 TI TITLE 3.2 N. IE **LOURDES POLA** 3.3 SEET ADDRESS NAME 4675 W 18TH CT STREET ADDRESS 3.4. CY-ST-ZIP HIALEAH FL CITY-ST-ZIP Change Addition DELETE 4.1 TI TITLE 4. 2 N^{4E} 4.3 STET ADDRESS NAME STREET ADDRESS 4.4 C! - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 11 TATLE 5.2 N/ 5.3 ST ADDRESS NAME 5.4 CI - ST - ZIP STREET ADDRESS Change Addition CITY-ST-ZIP DELETE 6.1 Tr TITLE 62 N 63 ST ST-ZIP

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exchat my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report is true and accurate and report as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver or trustee empowered to execute to Block 12 or Block 13 if changed, or on an attechment with an address. 6.3 ST NAME Gernras MACIA 305-554-9054 CIGNATURE:

FSTATE

FILED