

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N50927 (5)**

1. Corporation Name

**CONCERNED CITIZENS OF WEST DADE, INC.**



Principal Place of Business

**13391 SOUTHWEST 26TH TERRACE  
MIAMI FL 33175**

Mailing Address

**13391 SOUTHWEST 26TH TERRACE  
MIAMI FL 33175**

3. Date Incorporated or Qualified  
**09/21/1992**

3a. Date of Last Report  
**03/21/1995**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATOS, GABRIEL  
13391 S.W. 26TH TERRACE  
MIAMI FL 33175**

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 **P** ☐ DELETE  
NAME **MATOS, GABRIEL**  
STREET ADDRESS **13391 SW 26TH TERR.**  
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE **V** ☒ DELETE  
NAME **VILLALOBOS, JOSE**  
STREET ADDRESS **1645 S.W. 85TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33175**

2.1 TITLE **VP** ☒ Change ☐ Addition  
2.2 NAME **CLUBB, INEZ**  
2.3 STREET ADDRESS **13221 SW 25TH ST**  
2.4 CITY-ST-ZIP **MIAMI, FL 33175**

TITLE **T** ☐ DELETE  
NAME **FELIPE, LUIS**  
STREET ADDRESS **2811 SW 137TH CT.**  
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE **D** ☒ DELETE  
NAME **PINO, MARIO**  
STREET ADDRESS **13371 S.W. 26TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33175**

4.1 TITLE **S** ☒ Change ☐ Addition  
4.2 NAME **ANA NORIEGA**  
4.3 STREET ADDRESS **13453 SW 29TH ST**  
4.4 CITY-ST-ZIP **MIAMI, FL 33175**

TITLE **D** ☐ DELETE  
NAME **GONZALES MENELAO**  
STREET ADDRESS **13473 S.W. 28TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE **D** ☒ DELETE  
NAME **CLUBB-COSTA, INEZ**  
STREET ADDRESS **13221 SW 25TH ST.**  
CITY-ST-ZIP **MIAMI FL 33175**

6.1 TITLE **D** ☒ Change ☐ Addition  
6.2 NAME **REINALDO MARTINEZ**  
6.3 STREET ADDRESS **3710 SW 142ND AVE.**  
6.4 CITY-ST-ZIP **MIAMI, FL 33183**

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:

*Luis Felipe* (LUIS FELIPE, TREASURER)

04/02/96 (305) 225-7941

CR2E037 (12/95)