FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Apr 12, 1999 8:00 am Secretary of State 04-12-1999 90048 034 ****61.25

DOCUMENT # N50927

1. Corporation Name

CONCERNED CITIZENS OF WEST DADE, INC.

Principal Place of Business										
13391	SOUTHWEST	26TH	TERRACE							
	E1 004==									

Mailing Address



13391 SOUTHWEST 26TH TERRACE 13391 SOUTHWEST 26TH TERRACE MIAMI FL 33175					/							
2. Principal Place of Business		\vdash	2a. Mailing Address				3. Date Incom 09/21/19	orated or Qualifed				
21		26					4. FEI Numbe				plied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					PLICABLE.	مدرود المواس		t Applicable	
22		27	City & State			,	SIOI AL	LIOADLL			Additional	
City & State		28					5. Certificate of	f Status Desired			equired	
Zip Country			Zip Country				6. Election Campaign Financing			\$5.00 May Be		
24 25 25		\vdash	29 30				Trust Fund Contribution Added to Fees					
2-7	9. Name and Address of Current	177	ered Agent				10. Name and	Address of New R	legistered A	gent		
					81	Name			•			
MATOS, GABRIEL			-	82	Street Addre	ess (P.O. Box Nur	nber is Not Accepta	ible)				
13391 S.W. 26TH TERRACE				}	83	······································			.,			
MIAMI FL 33175										· · · · · · · · · · · · · · · · · · ·		
			•		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		Agent	t signature required	when reinstating) ,	2.44.0052.72.25	DATE	DIDEOT/	NDC (N. 42	
12.	OFFICERS AND	DIREC		13.			ADDITIONS	CHANGES TO OF	FICERS AND	Change	Addition	
TITLE	P	1	☐ DELETE	1.1 TITI						☐ Cilailge		
NAME	MATOS, GABRIEL	√		1.2 NA					•			
STREET ADDRESS	▶ 70.11.1. ± = 7				REET ADORESS						1	
CITY-ST-ZIP	MIAMI FL 33175		☐ DELETE	1.4 CIT		r-zip				Change	Addition	
TILE	VP	,	□ DELETE	2.1 TIT								
NAME	RODRIGUEZ, LISARDO	✓		2.2 NA							ł	
STREET ADDRESS	14201 SW 31ST STREET					ADORESS				. •		
CITY-ST-ZIP	MIAMI FL		DELETE	2. 4 CT 3.1 TIT		T-ZIP		_		[] Change	☐ Addition	
TITLE	T		LJ DELETE	3.2 NA							_	
NAME !	FELIPE, LUIS	1		- 1		ADDRESS					. }	
STREET ADDRESS	2811 SW 137TH CT.			3.4. CF							1	
CITY-ST-ZIP	MIAMI FL 33175		☐ DELETE	4,1 TR		1-419				Change	Addition	
TITLE	s Rodriquez, Teresa	,		4. 2 NA							1	
NAME	14201 SW 31ST ST	1				ADDRESS					-	
STREET ADDRESS	MIAMI FL 33175			4.4 CIT				-				
CITY-ST-ZIP	D D		☐ DELETE	5.1 TIT		1-2tr				Change	Addition .	
NAME	FERNANDEZ, MANUEL			5.2 NA						1.	,	
STREET ADDRESS	S130 SW 133RD CT		2 M	5.3 STI	REET	ADDRESS	2940	SW 2151	72	√`		
CITY-ST-ZIP	MIAMI FL 33175	P D 0	ne 25	5.4 CIT	Y-ST	T-ZIP	•					
TITLE	D		☐ DELETE	6.1 π	LE					☐ Change	Addition	
NAME	VICENTE, MARIANA	1		6.2 NA	ME				i		}	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	1	•	6.3 ST	REET	TADORESS		-				
1	100.1 011 50111 15111110					1				•		

14. 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 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 organ attachment with an address, with all other like empowered.

SIGNATURE: