

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N92000000545 (5)

1. Corporation Name

ASOCIACION ANTIGUAS ALUMNAS ESCOLAPIAS, INC.



Principal Place of Business

Mailing Address

6701 SW 116 CT #410  
PENTHOUSE #410  
MIAMI FL 33173  
US

P.O. BOX 140813  
CORAL GABLES FL 33114  
US

3. Date Incorporated or Qualified

12/01/1992

3a. Date of Last Report

08/14/1995

2. Principal Place of Business

2a. Mailing Address

21 6701 SW 116 CT  
Suite, Apt. #, etc. PH # 410

26 PO BOX 140813  
Suite, Apt. #, etc.

4. FEI Number

65-0449345

Applied For

Not Applicable

22 City & State  
MIAMI, FL

27 City & State  
CORAL GABLES, FL

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip 33173 25 Country USA

29 Zip 33114-813 30 Country USA

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

PORTALES-ARAOZ, LOURDES  
6701 SW 116 CT  
PENTHOUSE #410  
MIAMI FL 33173

81 Name LOURDES PORTALES-ARAOZ  
82 Street Address (P.O. Box Number is Not Acceptable)  
6701 SW 116 CT. PH # 410  
83  
84 City MIAMI FL 85 Zip Code 33173

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

Loures Portales-Araoz

3/27/96

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  
NAME LOURDES, PORTALES  
STREET ADDRESS 6701 SW 116 CT  
CITY - ST - ZIP MIAMI FL ☐ DELETE

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

TITLE V  
NAME MERCEDES, Z L  
STREET ADDRESS 13961 SW 72 TERR  
CITY - ST - ZIP MIAMI FL ☐ DELETE

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

TITLE T  
NAME MIRIAM, TRESPALACIOS  
STREET ADDRESS 2811 SW 18TH ST  
CITY - ST - ZIP MIAMI FL ☐ DELETE

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

TITLE S  
NAME THELMA, RODRIGUEZ G  
STREET ADDRESS 600 GRAPETREE DR #10FS  
CITY - ST - ZIP KEY BISCAYNE FL ☐ DELETE

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

TITLE D  
NAME CHARLET, BEATRIZ V  
STREET ADDRESS 7450 SW 38 ST  
CITY - ST - ZIP MIAMI FL 33155 ☐ DELETE

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

TITLE D  
NAME TRESPALACIOS, MIRIAM F  
STREET ADDRESS 2811 SW 18TH ST  
CITY - ST - ZIP MIAMI FL 33145 ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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 or changed, or on an attachment with an address.

SIGNATURE:

Loures Portales-Araoz

3/27/96

305-446-0907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)