Maye 1st

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT				FILED		
DOCU 1. Entity Nam	MENT # N92000000	545			30 AM 11: 12	
ASOCIACION ANTIGUAS ALUMNAS ESCOLAPIAS, INC.				i e		
				SEURE 17 TALLAHA	SSEE, FLORIDA	
Principal Place of Business Mailing Address 9240 SW 72 STREET PO BOX 140813				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	
#117. CORAL GABLES, FL 33114-08 MIAMI, FL 33173 US)813			
						
2. Principal Place of Business 6701 SW 116 CT #410 3. Walling Address 140			813		8 2011 8 8 8 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 1	
Suite, Apt. #, etc.			06052006 Chg-NP	CR2E037 (4/06)		
City & Stat	ORIDA	CORAL GAB	LES	4. FEI Number 65-0449345	Applied For Not Applicable	
331	73 DSA	FL 33114°	O8/3 USA	5. Certificate of Status De	ssired S8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent	Nema	7. Name and Address of New Registered Agent		
HUERTAS			Name L OU	RDES POI		
9240 SW 12 STREET, SUITE 117 MIAMI, FL 33173			Street Address (Street Address (P.O. Box Number is Not Acceptable) 6701 S.W. 116 C.T. # 416		
			City	City City Cin Code. — 2		
A The shove	named antity submits this statement for	the ournose of changing its regist	()	(1) (H11) FL 331/3		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Steen cles Portales - Anwy 6/7/2006						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
				\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
10.	OFFICERS AND DIR		13/	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 10	
TITLE NAME	P HUERTAS, NORKI	/	TLE AME	6261NU	Change Seaddilion	
STREET ADDRESS CITY-ST-ZIP	6780 SW 26 TERRACE MIAMI, FL 331552910	•	TREET ADDRESS	Musica IV	YOU NOI ALEAH	
TITLE	VP		TLE VALLE OF	ZOIN EE	2NANOEZ Change Addition	
NAME STREET ADDRESS	BLANCO, NORMA 11041 SW 59 TERRACE	/ \ N	TREET ADDRESS	120 MER	CADO AUQ	
CITY-ST-ZIP	MIAMI, FL 331731109	-	ITY-ST-ZIP	ORAL GA	+BLES FL33146	
TITLE	S PORTALES ARAOZ LOURDES		TIF	AME	☐ Change ☐ Addition	
NAME STREET ADDRESS	PORTALES ARAOZ, LOURDES 6701 S.W. 116 COURT, PH-410	6	TREET ADDRESS	/ \\ / \C		
CITY-ST-ZIP	MIAMI, FL 33173		ITY-ST-ZIP	0-0	Time A Donney Westing	
TITLE NAME	T TRESPALACIOS, MIRIAM				LE(RA Change Xaddillion	
STREET ADDRESS CITY-ST-ZIP	2811 S.W. 18 STREET MIAMI, FL 331451913		TREET ADDRESS 1 2	461 300 E	33183	
FITLE	WAR-WII, FE 331431313		TLE	M P () N	☐ Change ☐ Addition	
NAME			AME Treet address			
STREET ADDRESS CITY-ST-ZIP	_ 1 _ 1		ITY-ST-ZIP			
TITLE			TLE AME	07/06/06-	01046007 **61.25	
NAME STREET ADDRESS	1/4/1	X 1 //	TREET ADDRESS	<u> </u>		
CITY-ST-ZIP			ITY-ST-ZIP	Lin Chapter 119 Elerida Sta	thutee. I further cartify that the information	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OBIO Date Prone #						
	SIGNATURE AND LIFED OR FE			v		

page 20th



ASOCIACION ANTIGUAS ALUMNAS ESCOLAPIAS, INC

P. O. Box 140813 Coral Gables, Florida 33114-0813



Minutes of the Asociacion Antiguas Alumnas Escolapias, Inc.

Board of Directors Meeting April 23, 2006

Directors Present: Norki Huertas, Maria Isabel Corbo, Mercedes Leira, Ofelia Vazquez, Maria del Carmen Fernandez, Lourdes Portales-Araoz and members at large.

Agenda Items:

1. Election of Officers: Norki Huertas moved and Lourdes Portales seconded election of Maria Isabel Corbo as President and Maria del Carmen Fernandez as Vice President, Lourdes Portales-Araoz as secretary, and Mercedes Leira as the new Treasurer.

2.New Directors: Maria Isabel Corbo, President; Maria del Carmen Fernandez, Vice President; Mercedes Leira, Treasurer, Ofelia Vazquez, Vice Treasurer; Lourdes Portales-Araoz, Secretary; took oath during the annual Spring Luncheon.

We agreed that the reports would be provided at the next Board Meeting. We also agreed to encourage other Board members (or interested non-Board members) to join. It was also agreed that the new registered agent for the State of Florida Department of Corporations would be the secretary, Lourdes Portales-Araoz.

Items for Follow-Up:

Agenda for 2006-2007

Soundes Portales-Anway

Lourdes Portales-Araoz

Secreatary