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NONPROFIT CORPORATION



FILED FLORIDA DEPARTMENT OF STATE Jan 22 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** N93000001235 (1)

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? Yes No Sip Country 8. This corporation owes or has paid the current year Intangible	1- Corporation Name					
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CHACON, LUIS 4824 SW 195TH PL MIAMI FL 33175 11. Pursuant to the provisions of Sections 617 0502 and 617, 1608, Florida Statutes, the above-named corporation automits this statement for the purpose or changing its 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, and accept the obligations of, Section 617,0503, Provide Statutes. SIGNATURE Symptom typed or prevent name of agent and tills if applicable. PATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILL DP MEDAL, JOSE A 4710 FOX HUNT DR 1.3 SIRET ADDRESS AP710 FOX HUNT DR AP710 FOX HUNT DR 1.4 SIRET ADDRESS AP710 FOX HUNT	24	11		30		
CHACON, LUIS 4824 SW 136TH PL MIAMI FL 33175 88 88 11. Pursuant to the provisions of Sections ST7 0502 and 617; 1938, Floride Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiter with, and accept the obligations of, Section 617,0508, Floride Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiter with, and accept the obligations of, Section 617,0508, Floride Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiter with, and accept the obligations of, Section 617,0508, Floride Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiter with, and accept the obligations of, Section 617,0508, Floride Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiter with, and accept the obligations of, Section 617,0508, Floride Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I have a provided agent and the appointment as registered agent. I have a provided agent and the appointment as registered agent. I have a provided agent and the appointment as registered agent. I have a provided agent and the appointment as registered agent. I have a provided agent and the appointment as registered agent. I have a provided agent and the appointment as registered agent. I have a provided agent and the appointment as registered agent and the appointment as registered agent. I have a provided agent and the appointment as registered agent. I have a provided agent and the appointment as registered agent and the appointment as registered agent. I have a provided and the appointment as registered agent. I have appointed and the appointment as registered agent. I have a provided and the appointment as registered agent. I have a provided		9. Name and Address of Curre	ent Registered Agent	Od None	10. Name and Address of New Registered Agent	
### ### ### ### ### ### ### ### ### ##				81 Name		
MIAMI FL 33175 88		•		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
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 agent, or both, in the State of Proficial Sculptured by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the collegations of, Section 917.0502, Florida Statutes. SIGNATURE SIGNATURE OPERATOR OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILL OPERATOR OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. WME I STREET ADDRESS CITY-51-2P MEDAL, JOSE A 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. WME 12. WME 12. WME 12. WME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-51-2P Addition NAME CHACON, LUIS STREET ADDRESS CITY-51-2P MIAMIF EL 33175 DELETE 13. TITLE DY Change Addition Addition NAME GALLARDO, MIRTHA 32. NAME SCHOOL, SIZE ASTREET ADDRESS CITY-51-2P MIAMIF EL D CARDONA, RUBI STREET ADDRESS CITY-51-2P MIAMIF EL CARDONA, RUBI TORNA, MARINA 52. NAME CHACON, BETTY Addition NAME CHACON, BETTY Addition ADDITION Change Addition Addition NAME CHACON, BETTY ADDITION Change Addition Addition ADDITION Change Addition Addition ADDITION Change Addition Addition ADDITION Change ADDITION Change ADDITION ADDI			83			
11. Pursuant to the provisions of Sections 617 0502 and 617. 1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and an accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature S	IMICATALL LE	L 33175			Law Prison	
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP DELETE 1.1 TITLE MEDAL, JOSE A 4710 FOX HUNT DR 1.2 SIRRET ADDRESS CITY-ST-2IP TAMPA FL 33624 1.4 CITY-ST-2IP TITLE DVI CHange DVI CHACON, LUIS STREET ADDRESS 4224 SW 136TH PL 2.2 STREET ADDRESS CITY-ST-2IP MAMI FL 33175 2.2 ACITY-ST-2IP NAME GALLARDO, MIRTHA 3.2 NAME STREET ADDRESS CITY-ST-2IP MIAMI FL CARDONA, RUBI CARDONA, RUBI CARDONA, RUBI TORNA, MARINA STREET ADDRESS CITY-ST-2IP MIAMI FL D D DELETE 1.1 TITLE D CARDONA, RUBI 1.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-2IP MIAMI FL D Change Addition ADDRESS CITY-ST-2IP MIAMI FL CARDONA, RUBI TORNA, MARINA 3.2 NAME 4.2 NAME AS STREET ADDRESS CITY-ST-2IP MIAMI FL D D DELETE 5.5 TITLE D Change Addition ADDRESS CITY-ST-2IP MIAMI FL D Change Addition Addition Addition Addition Addition Addition Addition Addition ADDRESS CITY-ST-2IP MIAMI FL D Change Addition Addition Addition Addition Addition Addition Addition Addition ADDRESS CITY-ST-2IP MIAMI FL D Change Addition Addition Addition Addition Addition Addition Addition Addition Addition ADDRESS CITY-ST-2IP MIAMI FL D Change Addition ADDRESS CITY-ST-2IP MIAMI FL D Change Addition Addition Addition Addition Addition Addition Addition ADDRESS CITY-ST-2IP MIAMI FL CHACON, BETTY ADDRESS AD				84 City	FL 85 Zip Code	
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Signature, hyped or printed name of registered agent and lite if applicateurs. (NOTE: Replateural Agent inginature required when refreshiting) DATE	agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
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	14. I hereby o	ertify 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	

inducated on this arrived 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 a 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 ap attachment with an address.