FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Aug 24 1998 8:00am Secretary of State

N93000001577 **DOCUMENT #**

1 49	lesia Erangelia	Atrineipe	de Par	Z, INC.			
Principal Plac	ce of Business	Mailing Address					
729 S.W. 8ST.					3. Data Incorporated or Qualified April 8 1993		
MIAMI, FLORIDA 33130				4. FEI Number 94912	2/994	——— <u>—</u>	pplied For at Applicable
2. Principal P	Place of Business	2a. Mailing Address 20 5 105 5 W.	95 ave	5. Certificate o	f Status Desired	\$8.75 A	
Suite, Apt.	*, etc. N/A	Suite, Apt. 4, etc.		6. Election Car Trust Fund (npaign Financing Contribution	\$5.00 N Added to	•
CIV & Stale CIV & Florida				7. Is this nonpr	7. Is this nonprofit corporation a homeowners association?		
Zip 24 33/	30 25 USA	29 33328	NSA.	,	tion owes or has paid the cur perty Tax due June 30.		angible No
					Address of New Registered		
					FONSO TESUS TEREZ ss (P.O. Box Number is Not Acceptable)		
5105				05 S.W.	45 ave		
			84 City //	<u> </u>	. EI	85 Zip (ode C
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Forths Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, or botty in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont. I am lamiliar with and agreet the obligations of. Section 617.0503, Florida Statutes.							5 cgistered
					ors. I rieleby accept the appli	11-9	C
SIGNATURE	Signature typed of printigh jiama of reg stereo agent	and title it applicable (NO1E:	Registered Agent signature	(Qnilalan.et nerwy ber uper	DATE		<i></i>
12,	OFFICERS AND		13.		HANGES TO OFFICERS AND		
TITLE	President	☐ DELETE	1.1 TITLE 🕰	NANCY PER		☐ Change	Addition
NAME	BIZT ISTH. AVE 1	Komero	1.2 NAME	5105 SIN 1			
STREET ADDRESS			1.3 STREET ADDRESS	Course lite	FLORIDA 33328		
CITY-ST-ZIP	Hyetisville MO a		14 CITY-ST-ZIP				
TITLE V P	Vice tresident	☐ DELETE		×		•	
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1	Alfonso J. Pere	, <u>2</u>	2.1 TITLE 2.2 NAME	ANGEL GAR	CIA DIACO	•	☐ Addition
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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 on an antachment with an address.

SIGNATURE:

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR