

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90217 018 \*\*\*\*70.00

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1. Corporation Name

FLORIDA XAVERIANA ASSOCIATION INC.

Principal Place of Business

555 VENETIAN WAY  
STE 609  
MIAMI FL 33132  
US

Mailing Address

PO BOX 015573  
MIAMI FL 33101-5573



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/07/1993

4. FEI Number

65-0422753

Applied For  
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ROMERO, JAVIER  
555 VENETIAN WAY  
STE 609  
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CARDONA, EDUARDO  
STREET ADDRESS 6401 SULTON RD  
CITY-ST-ZIP MIAMI BEACH FL 33140  
☐ DELETE

TITLE VD  
NAME ROMERO, JAVIER  
STREET ADDRESS 555 VENETIAN WAY 609  
CITY-ST-ZIP MIAMI FL  
☐ DELETE

TITLE VD  
NAME WOODBRIDGE, YOLANDA  
STREET ADDRESS 550 BILTMORE WAY 703  
CITY-ST-ZIP CORAL GABLES FL  
☐ DELETE

TITLE VD  
NAME ROMERO, JAVIER  
STREET ADDRESS 555 VENETIAN WAY, #609  
CITY-ST-ZIP MIAMI FL 33132  
☒ DELETE

TITLE SD  
NAME ROMERO, JAVIER  
STREET ADDRESS 555 VENETIAN WAY APT 609  
CITY-ST-ZIP MIAMI FL  
☐ DELETE

TITLE SD  
NAME ROMERO, JAVIER  
STREET ADDRESS 555 VENETIAN WAY, #609  
CITY-ST-ZIP MIAMI FL 33132  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME CARDONA EDUARDO  
1.3 STREET ADDRESS 6401 ALTON RD  
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33140  
☒ Change ☐ Addition

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

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

4.1 TITLE VD  
4.2 NAME LUIS ALGARRA  
4.3 STREET ADDRESS 1405 VENETIA AVENUE  
4.4 CITY-ST-ZIP CORAL GABLES, FL 33136  
☒ Change ☒ Addition

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

6.1 TITLE SD  
6.2 NAME LIGIA CARDENAS  
6.3 STREET ADDRESS 924 catalonia Avenue  
6.4 CITY-ST-ZIP Coral Gables, FL 33134  
☒ Change ☒ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE RE JAVIER ROMERO

1/26/99 (305) 333.0288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)