

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 # N93000003516 (2)

1. Corporation Name

NEW WOMEN ENTREPRENEUR CENTER, CORPORATION



Principal Place of Business

Mailing Address

3271 NW 7 ST
SUITE 207
MIAMI FL 33125
US

3271 NW 7 ST
SUITE 207
MIAMI FL 33125
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/04/1993

3a. Date of Last Report

08/14/1995

4. FEI Number

65-0498295

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

RODRIGUEZ-AGUILERA, BETINNA
3271 NW 7 ST
SUITE 207
MIAMI FL 33125

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 town if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RODRIGUEZ-AGUILERA, BETTINA
STREET ADDRESS 1036 NW 32ND PLACE
CITY-ST-ZIP MIAMI FL

TITLE VD ☒ DELETE

NAME CASTELLANOS, MARIA LUISA
STREET ADDRESS 2271 SW 122 CT
CITY-ST-ZIP MIAMI FL

TITLE SD ☒ DELETE

NAME MCNEAL, MINNIE
STREET ADDRESS 5050 NW 20TH ST
CITY-ST-ZIP MIAMI FL

TITLE T ☒ DELETE

NAME OCHOTORENA, MARTHA
STREET ADDRESS 7111 MIAMI LAKES DRIVE
CITY-ST-ZIP MIAMI FL

TITLE PR ☒ DELETE

NAME BOATRIGHT, NICKY
STREET ADDRESS 3050 NW 7 STREET
CITY-ST-ZIP MIAMI FL

TITLE M ☒ DELETE

NAME CALLOWAY, GWEN
STREET ADDRESS 11706 SW 132 PLACE
CITY-ST-ZIP MIAMI FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ANA Gonzalez

3916 NE 168 St NMB, FL
33160

Cristobelina Pinillo
2280 NW 34 St.
Miami, FL 33142

Barbara Haywood
1550 NW 55 St.
Miami, FL 33142

Ileana Fuentes
4501 SW 13 Terr.
Miami, FL 33134

Mirna salamanques E.
290 Sunrise Dr. Apt 2J
Key Biscayn, FL 33149

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)(4), 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)