

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 # N93000004561 (7)

1. Corporation Name

**FLORIDA NATIONAL COLLEGE STUDENT GOVERNMENT ASSO
CIATION INC.**

Principal Place of Business

**4206 W 12 AVE
HIALEAH FL 33012**

Mailing Address

**4206 W 12 AVE
HIALEAH FL 33012**



3. Date Incorporated or Qualified

10/04/1993

3a. Date of Last Report

04/20/1995

4. FEI Number

65-0452124

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

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Zip

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Country

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9. Name and Address of Current Registered Agent

**GONZALEZ, BELINDA M
4206 W 12 AVE
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name

PARRONDO, JESUS C.

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

4206 WEST 12 AVENUE

83

84 City

HIALEAH

FL

85 Zip Code

33012

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]

JESUS C. PARRONDO

04-23-96

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☒ DELETE

NAME

BELINDA GONZALEZ

STREET ADDRESS

4206 W. 12 AVE

CITY-ST-ZIP

HIALEAH FL 33012

TITLE

D

☒ DELETE

NAME

CARLOS FUMER

STREET ADDRESS

5761 BIRD RD

CITY-ST-ZIP

MIAMI FL 33155

TITLE

D

☐ DELETE

NAME

MARTIN, LEISA

STREET ADDRESS

11373 WEST FLAGLER ST.

CITY-ST-ZIP

MIAMI FL

TITLE

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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)(k), 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]

JESUS C. PARRONDO

04-23-96 (305)821 3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)