


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																		
DOCUMENT # N93000004561 (7) 1. Corporation Name Florida National College Student Government Association Inc.																																																																				
Principal Place of Business 4206 W 12 AVE Hialeah, Fl. 33012		Mailing Address 4206 W 12 AVE. Hialeah, Fl. 33012																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country																																																																		
3. Date Incorporated or Qualified 10-04-1993		3a. Date of Last Report 1996																																																																		
4. FEI Number 65-0462124		Applied For Not Applicable																																																																		
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																																																																		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																		
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																				
9. Name and Address of Current Registered Agent Candido Vendrell 4206 W 12 AVE. Hialeah, Fl. 33012		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: <u>Candido Vendrell</u> <u>Candido Vendrell, Dean</u> 04-22-97. Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE																																																																				
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td></td> <td>Candido Vendrell</td> <td>4206 W. 12 AVE.</td> <td>Hialeah, Fl. 33012</td> <td></td> </tr> <tr> <td></td> <td>Agatha Dymon</td> <td>11373 W. Flagler St.</td> <td>Miami, Fl. 33174</td> <td></td> </tr> <tr> <td></td> <td>Jorge Alfonso</td> <td>6840 S.W. 40 St</td> <td>Miami, Fl. 33155</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE		Candido Vendrell	4206 W. 12 AVE.	Hialeah, Fl. 33012			Agatha Dymon	11373 W. Flagler St.	Miami, Fl. 33174			Jorge Alfonso	6840 S.W. 40 St	Miami, Fl. 33155						<input type="checkbox"/> DELETE					<input type="checkbox"/> DELETE					<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>1.2 NAME</td> <td>1.3 STREET ADDRESS</td> <td>1.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.1 TITLE</td> <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.1 TITLE</td> <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.1 TITLE</td> <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.1 TITLE</td> <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.1 TITLE</td> <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do 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. SIGNATURE: <u>Candido Vendrell</u> <u>Candido Vendrell</u> 03-31-97 305-226-9977 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 67-1372																																																																				

CR2E037 (9/96)