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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005191 (2)

1. Corporation Name

CENTRO COMUNITARIO SALVADORENO DE BROWARD, INC.



Principal Place of Business

2145 DAVIE BLVD
STE 206
FT. LAUDERDALE FL 33312
US

Mailing Address

2145 DAVIE BLVD
STE 206
FT. LAUDERDALE FL 33312
US

3. Date Incorporated or Qualified
11/12/1993

3a. Date of Last Report
08/14/1995

2. Principal Place of Business

2a. Mailing Address

21 200 SE 21ST #2

26 SAME

4. FEI Number
45-0459040

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 FORT LAUDERDALE FL

27

City & State

City & State

23 33316

28

Zip

Country

Zip

Country

24 25 FL UD

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONTRERA, MIRNA L
3100 SW 16TH ST.
FT. LAUDERDALE FL 33312

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 ☐ DELETE

NAME DP
STREET ADDRESS SAENZ, JUAN E
CITY-ST-ZIP 410 SE 16TH ST., APT. 4
FT. LAUDERDALE FL 33316

TITLE ☐ DELETE

NAME DV
STREET ADDRESS BONILLA, AMADEO
CITY-ST-ZIP 1441 NE 5TH TR APT 1
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME DS
STREET ADDRESS RAMIREZ, BLANCA N.
CITY-ST-ZIP 200 SE 21ST ST #2
FT LAUDERDALE FL

TITLE ☐ DELETE

NAME DS
STREET ADDRESS SANDOVAL, IRIS
CITY-ST-ZIP 1464 SW 47TH AVE.
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME DT
STREET ADDRESS GARCIA, ISRAEL
CITY-ST-ZIP 820 SE 16TH ST APT 1
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME DT
STREET ADDRESS RODRIGUEZ, DARWIN
CITY-ST-ZIP 1015 NE 17TH AVE #204
FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/96 (305) 792-2395

CR2E037 (12/95)