FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham *

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000001675 (7)

	A AMUN DIYINU, ASAMBL				
Principal Place of Business		Mailing Address			1 indititat ara iditi matit antit antit antit allik tibin ditit stadt hitt indi
7910 N.W. 103RD STREET HIALEAH GARDENS FL		1810 S.W 99TH AVE MIRAMAR FL 33025 US			3. Date Incorporated or Qualified 04/05/1994
					4. FEI Number Applied For
2. Principal P	face of Business	2a. Mailing Address			65-0578403 Not Applicable
21		26 Suite, Apt. #, etc.		···	5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc.		27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association? Yes No
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent		84 14	10. Name and Address of New Registered Agent
				81 Name	
	A, LUIS REV. <i>N</i> . 99 Th avenue			82 Street A	ddress (P.O. Box Number is Not Acceptable)
	R FL 33025		•	83	
				84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	ites, the at	ove named	corporation submits this statement for the purpose of changing its registered
office or r agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such change was gations of, Section 617.0503, F	authorized Iorida Stati	t by the corp utes.	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE .			TE 6 1	4	required when reinstating) DATE
12.	Signature, typed or printed name of registered a OFFICERS A	VD DIRECTORS	13.	Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TiT	LE L	Change Addition
NAME	MIRANDA, LUIS		1.2 NA	ME	
STREET ADDRESS	1810 S.W. 99TH AVENUE		1.3 ST	REET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025		1.4 CI	Y-ST-ZIP	
TITLE	V D	DELETE	2.1 TIT	LE	☐ Change ☐ Addition
NAME	Miranda, Norma R.		2.2 NA	ME	the particular and the particula
STREET ADDRESS	1810 SW 99 AVENUE		2.3 ST	REET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025	· · · · · · · · · · · · · · · · · · ·	_	TY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TsT		Change Addition
NAME	BUENO, MARIA		3.2 NA	ME	
STREET ADDRESS	2769 W. 71ST TERRACE		3.3 ST	REET ADDRESS	
CITY-ST-ZIP	HALEAH FL			TY-ST-ZIP	
TITLE	<u>T</u>	DELETE	4.1 TIT		Change Addition
NAME	FRANCISCO, RICO J		4.2 N		
STREET ADDRESS	3010 N.W. 36 ST., B218			REET ADDRESS	
CITY-ST-ZIP	MIAMI FL	☐ DELETE	_	Y-ST-ZIP	Change Addition
TITLE		☐ netele	5.1 TIT	'n	Ci cuande Ci vadilion
NAME ATOSET ADODGOO			5.2 NA		
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	5.4 CIT 6.1 TIT	Y-ST-ZIP	☐ Change ☐ Addition
1					C committee C vigition
NAME			6.2 NA	\	
STREET ADDRESS			6.3 ST	REET ADDRESS	

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 another control with an address.

Auro 1th 48 (954) 436-9901

FILED

Jun 25 1998 8:00am

Secretary of State