

4/24/98

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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002659 (0)**

1. Corporation Name

LE TRE VENEZIE, WOMENS' AUXILIARY, INCORPORATED

Principal Place of Business

Mailing Address

**10450 NW 25 STREET
PEMBROKE PINES FL 33026****10450 NW 25 STREET
PEMBROKE PINES FL 33026**

3. Date Incorporated or Qualified

05/23/1994

4. FEI Number

65-0506074

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 4501 Monroe Street**26 4501 Monroe St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Hollywood, Florida**27 Hollywood, Florida**

Zip Country

Zip Country

24 33021**29 33021****30**5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEPCICH, MARY
602 N 32ND AVE
HOLLYWOOD FL 33021****81 Name Oscar Proni****82 Street Address (P.O. Box Number is Not Acceptable)****83 4501 Monroe Street****84 City****Hollywood****FL****85 Zip Code 33021**

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

*Oscar Proni***Oscar Proni****April 14, 1998**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BUDINICH, BARBARA E.	
STREET ADDRESS	5910 MOOD ST	
CITY-ST-ZIP	HOLLYWOOD, FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lidia Sergas	
1.3 STREET ADDRESS	3350 N.E. 192 St., Apt.	
1.4 CITY-ST-ZIP	N. Miami Beach, Fl. 33180	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SEPCICH, MARY	
STREET ADDRESS	602 N 32 AVE	
CITY-ST-ZIP	HOLLYWOOD, FL	

2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mary Solis	
2.3 STREET ADDRESS	305 N. 32 Avenue	
2.4 CITY-ST-ZIP	Hollywood, Florida 33021	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STRANICH, ELDA	
STREET ADDRESS	2249 GARFIELD ST	
CITY-ST-ZIP	HOLLYWOOD, FL	

3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Enrichetta Bonin	
3.3 STREET ADDRESS	2444 Polk Street, Apt. 103	
3.4 CITY-ST-ZIP	Hollywood, Florida 33020	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 attachment with an address.

SIGNATURE:

*Lidia Sergas***Lidia Sergas, President****4/19/98 (305) 935-0655**

CR2E037 (10/97)