## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address

**NONPROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 21 1997 8:00am

Secretary of State

Daytime Phone # 0023212

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N94000003356 (2) DOCUMENT #
1. Corporation Name

ASOCIACION AMERICANA DE AYUDA SOCIAL, ECOLOGICA Y CULTURAL, INC. (ADASEC)

7185 W. 16TH AVENUE HIALEAH FL 33014			7185 W. 16TH AVENUE HIALEAH FL 33014-3819								
						3. Date incorporated or Qualified 07/07/1994	Date of Last Report 06/13/1996				
2. Principal Pl	ace of Business	<b>2a.</b> Ma	2a. Mailing Address				4. FEI Number			App	olied For
21		26	26				65-0510795			Not	Applicable
Suite, Apt. :	#, etc.	S∪ <b>27</b>	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Regulred			
City & State			y & State				6. Election Campaign Financing				
23	•	28	,				Trust Fund Contribution				May Be Fees
Zip	Country	Zip	)	Coun	try		8. This corporation has liability for				
24	25	29		30	-		· · · · · · · · · · · · · · · · · · ·		□ No		100.002
	9. Name and Address o		d Agent	100			10. Name and Address of New Re	gistered	Agent		
				8	31	Name			· I		
GERMOS	SEN, CARLOS			_		Chant Ada	Jan 15 O Banklanbaria Nat America	la)			····
	141ST STREET		<b>82</b> St			Street Add	Address (P.O. Box Number is Not Acceptable)				
	MIAMI FL 33161			Ī	B3						
11011111	Miram 1 E 00101				4						
					34	City		FL	85	Zip C	ode
office or re agent. I ar	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept the	he State of Florida. \$	Such change was	authorized	by	the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	urpose o of the app	f changi sointmen	ing its at as i	registered registered
SIGNATURE _	Signature, typed or printed name of reg	istered agent and title if ap	plicable (NC	OTE: Registered	Ager	nt signature requ	uired when reinstating)	DATE			
12.	OFFIC	ERS AND DIRECTO	RS	13.			ADDITIONS/CHANGES TO OFFIC	ERS ANI	D DIREC	TOR	S IN 12
TITLE	D		☐ DELETE 1.		1.1 TITLE				Cha	nge	Addition
NAME	ARTURO, SOSA			1.2 NAA	Æ	Ì					
STREET ADDRESS	7185 W 16 AVE.			1.3 STR	EET a	ADDRESS					
CITY-ST-ZIP	HIALEAH FL			1,4 CIT	r - S1	r-ZIP	•				
TITLE	D		☐ DELETÉ		2.1 TITLE				Cha	nge	Addition
NAME	GERMOSEN, CARLOS			2.2 NAA	ΛE	-					
STREET ADDRESS	400 N.E. 141ST STRE	ET		2.3 STR	EET	ADDRESS					
CITY-ST-ZIP	North Miami Fl			2. 4 CIT	Y-\$	T-ZIP					
TITLE	D		☐ DELETÉ	3.1 TITL	.Ē			· · · · · · · · · · · · · · · · · · ·	Cha	inge	Addition
NAME	AQUILES, MALENO			3.2 NAM	ΑE	İ					
STREET ADDRESS	4050 NW 135 STREET	BLDG. 10 APT.	15	3 3 STR	EET.	ADDRESS					
CITY - ST - ZIP	OPA-LOCKA FL			3.4. CIT	Y-\$	T- ZIP					
TITLE			☐ DELET€	4.1 TITL	.E				Cha	inge	☐ Addition
NAME				4. 2 NA	Mξ						
STREET ADDRESS				4.3 STR	EET.	ADDRESS					
CITY-ST-ZIP				4.4 CIT	Y-\$1	T-ZIP					
TITLE			☐ DELETE	5.1 TITL					Cha	nge	Addition
NAME				5.2 NAA	AE.						
STREET ADDRESS				5.3 STR	EET	ADDRESS					
CHTY-ST-ZIP				5.4 CIT	y - \$1	r- <b>2</b> iP					
TITLE			DELETE	6.1 TITL	_				Cha	inge	Addition
NAME	ı			6.2 NAM	ИE						
STREET ADDRESS				6.3 STR	EET.	ADDRESS					

6.4 CITY-ST-ZIP 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 attachpen with an address.