

FILE NOW: FILING FEE IS \$61.25

FILED

May 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997

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



DOCUMENT # N94000003741 (5)

1. Corporation Name

CONCERN CITIZENS OF WEST DADE INC. SUB DIVISION  
#1

Principal Place of Business

Mailing Address (SAME AS PLACE OF BUSINESS)

14180 S.W. 30TH ST.  
MIAMI FL 33175

~~527 MADEIRA AVE.~~  
~~CORAL GABLES FL 33134~~



3. Date Incorporated or Qualified  
07/28/1994

3a. Date of Last Report  
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROUCO, ANTONIO  
14180 S.W. 30TH ST.  
MIAMI FL 33175

81 Name

N/A

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~D~~ PRESIDENT ~~(D)~~ ☐ DELETE  
NAME ROUCO, ANTONIO  
STREET ADDRESS 14180 S.W. 30TH ST.  
CITY - ST - ZIP MIAMI FL 33175

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE ~~D~~ CHAIRMAN ~~(D)~~ ☐ DELETE  
NAME RODRIGUEZ, LIZARDO  
STREET ADDRESS ~~527 MADEIRA AVE.~~ 14201 SW 31ST ST  
CITY - ST - ZIP ~~CORAL GABLES FL 33134~~ MIAMI, FL 33175

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ~~D~~ TREASURER ~~(D)~~ ☐ DELETE  
NAME ROSADO, JOSE  
STREET ADDRESS ~~2923 POND DE LEON BLVD. #750~~ 3142 SW 141ST AVE  
CITY - ST - ZIP ~~CORAL GABLES FL 33134~~ MIAMI, FL 33175

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ~~D~~ VICE-PRESIDENT ~~(D)~~ ☐ DELETE  
NAME FERNANDEZ, ALFONSO FERNANDEZ, ALFONSO  
STREET ADDRESS ~~255 ALTAMIRA CIRCLE (FLOOR 12TH)~~ 2901 SW 141ST AVE  
CITY - ST - ZIP ~~CORAL GABLES FL 33134~~ MIAMI, FL 33175

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ~~D~~ ~~(D)~~ ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE SECRETARY ~~(T)~~ ☐ Change ☒ Addition  
5.2 NAME RODRIGUEZ, TELESIA  
5.3 STREET ADDRESS 14201 SW 31ST ST.  
5.4 CITY - ST - ZIP MIAMI, FL 33175

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME SPEAKER  
6.3 STREET ADDRESS LUGO, MORAIMA  
6.4 CITY - ST - ZIP 4240 SW 153 PLACE  
MIAMI, FL

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED PRESIDENT 4-15-97

Date

Daytime Phone # 0026944

CR2E037 (9/96)