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

NONPROFIT CORPORATION ANNUAL REPORT

1998

14180 S.W. 30TH ST.

2. Principal Place of Business

MIAMI FL 33175



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

#### N94000003741 (5) **DOCUMENT #**1. Corporation Name

## CONCERN CITIZENS OF WEST DADE INC. SUB DIVISION

Principal Place of Business

Mailing Address

14180 S.W. 30TH ST MIAMI FL 33175

2a. Mailing Address

# Apr 20 1998 8:00am Secretary of State

**FILED** 

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified

07/28/1994

65-0508738

5. Certificate of Status Desired

4. FEI Number

		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May 8e	l
City & Stat	City & State City & State						{
23	28			7. Is this nonprofit corporation a homeowners association?  **Example 1.5 The corporation is a homeowners association?**  **Example 2.5 The corporation is a homeowners as a homeowners are a homeowners as a homeowners as a homeowners are a homeowners as a homeowners as a homeowners are a homeowners as a homeowners as a homeowners as a homeowners are a homeowners as a homeowners as a homeowners are a homeowners and homeowners are a homeowners are a homeown			
Zip	Country	Zip	Countr	y	8. This corporation owes or has paid		- [
24	25 29 3						
	9. Name and Address of Curre	nt Registered Agent		·	10. Name and Address of New Regi	etered Agent	
			81	Name			l
ROUCO, ANTONIO 14180 S.W. 30TH ST.				82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FI	L 33175		83				
1			84	City		85 Zip Code	
						FL	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	tes, the above	e-named corp	poration submits this statement for the pur	pose of changing its registere	be
agent, I a	im familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Statute	y ine corporai is.	tion's board of directors. I hereby accept	тне арроппанент аз тедізтегес	۱ ۱
SIGNATURE							
	Signature, typed or printed name of registered ag			ent signature requi	red when reinstating)	DATE	$\Box$
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD	☐ DELETE	1.1 TITLE	i		Change Addit	lion
NAME	ROUCO, ANTONIO		1.2 NAME	ļ			ļ
STREET ADDRESS			1.3 STREE	T ADDRESS			l
CITY-ST-ZIP	MIAMI FL 3 3/75		1.4 CITY-	ST-ZIP			
TITLE	CD	DELETE	2.1 TITLE			Change Addit	tion
NAME	RODRIGUEZ, LIZARDO		2.2 NAME	Ì			Ì
STREET ADDRESS	14201 S.W. 31ST ST		2.3 STREE	T ADDRESS			ŀ
CITY-ST-ZIP	MIAMI FL 33/75		2. 4 CITY-	ST-ZIP			
TITLE	TD	DELETE	3.1 TITLE			Change Addit	tion
NAME	ROSADO, JOSE		32 NAME				- !
STREET ADDRESS	3142 S.W. 141ST AVE		3.3 STREE	T ADDRESS			-
CITY-ST-ZIP	MIAMI FL 3 3 / 7.5		3.4. CITY -	ST-ZIP			╛
TITLE	VPD	DELETE	4.1 TITLE			Change Addit	tion
NAME	FERNANDEZ, ALFRONSO		4. 2 NAME				- 1
STREET ADDRESS	2981 S.W. 141 COURT		4.3 STREE	T ADORESS			)
CITY-ST-ZIP	MIAMI FL 33/75		4.4 City-:	ST-ZIP			
TITLE	ST	☐ OELETE	5.1 TITLE			Change Addit	tion
NAME	RODRIQUEZ, TERESA		5.2 NAME				)
STREET ADDRESS	14201 S.W. 31ST ST		5.3 STREE	ADDRESS			
CATY-ST-ZIP	MIAMI FL 33/75		5.4 CITY-	ST-ZIP			
TITLE	ST	DELETE	6.1 TITLE			Change Addit	tion
NAME	LUGO, MORAIMA		6.2 NAME				
STREET ADDRESS	4240 S.W. 153 PLACE	•	6.3 STREET	ADDRESS			- 1
CITY-ST-ZIP	MIAMI FL 33/75		6.4 CITY - 5	ST-ZIP			ļ
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							

accurate and that my signature shall have the same legal effect as if made under oath; that I am an to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in (305)

APRIL-5-98