

FILE NOW: FILING FEE IS \$61.25

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 12 1997 8:00am  
Secretary of State

DOCUMENT # N94000004274 (6)

1. Corporation Name

EVERGLADES ELEMENTARY ENDEAVOR CENTER BOOSTER CLUB, INC.

Principal Place of Business

Mailing Address

8375 SW 16TH ST  
MIAMI FL 33155

P.O. BOX 144555  
CORAL GABLES FL 33114-4555



3. Date Incorporated or Qualified  
08/30/1994

3a. Date of Last Report  
11/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

65-0547801

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUIIAN, MARIA A ESO  
8321 SW 14 STREET  
MIAMI FL 33144

81 Name

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

*Maria A. Guitian*

MARIA A - GUITIAN

4/28/97

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  
NAME CORLAZZOLI, CHERYL  
STREET ADDRESS 3500 SW 105 COURT  
CITY - ST - ZIP MIAMI FL 33165

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

TITLE VPD  
NAME GAVARRETTE, JOSE  
STREET ADDRESS 6321 SW 91 AVENUE  
CITY - ST - ZIP MIAMI FL 33173

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

TITLE VPD  
NAME DUELFER, DONNA  
STREET ADDRESS 6840 SW 64TH COURT  
CITY - ST - ZIP MIAMI FL 33143

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

TITLE TD  
NAME RODRIGUEZ, LOU E  
STREET ADDRESS 8331 SW 14 COURT ST  
CITY - ST - ZIP MIAMI FL 33144

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

TITLE S  
NAME SOTO, MARIA  
STREET ADDRESS 15025 SW 53RD TERRACE  
CITY - ST - ZIP MIAMI FL 33185

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE S  
NAME ESPINOSA, VIRGINIA  
STREET ADDRESS 7970 SW 15TH STREET  
CITY - ST - ZIP MIAMI FL 33144

6.1 TITLE  
6.2 NAME  
6.3 STREET 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 attachment with an address.

SIGNATURE: *Lou E. Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97

305 262 3550

Date

Daytime Phone # 0028159

CR2E037 (9/96)