FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

N94000004771 (1)

THE BLUE LAKES ELEMENTARY WORLD CENTER BOOSTER C LUB, INC.

Principal Place	of Business	Mailing Address							
9250 SW 52ND TERRACE MIAMI FL 33165		9250 SW 52ND TERRACE MIAMI FL 33165							
					3. Date Incorporated or Qualified 09/27/1994		e of Last 4/13/1 §		
	ace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26			65-0524454 Not Applicable			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional				
22		[27]		5. Certificate of Status Desireo		Fee	Required		
City & State		City & State			6. Election Campaign Financing		\$5.0	O May Be	
23		28		Trust Fund Contribution	Added to Fees				
Zip	Country	Zip Country		8. This corporation has liability for in	ntangible tax	under s.	199.032,		
24	25	29	30			Yes 风			
	9, Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered A	gent		
				81 Name .	Linda Soeder				
MARKO, DAVID E					Address (P.O. Box Number is Not Acceptable	oi			
ONE BIS	CAYNE TOWER SUITE 2600			107	41 S.W. 49th Terr.	C)			
TWO SOUTH BISCAYNE BOULEVARD				83					
MIAMI FL 33131-1802							,		
				84 City	iami	FI	85 Zự	p Code 3165	
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508. Florida Statuti	es, the abo	ive named co	rnoration submits this statement for the num	nose of char	naina ite n	ranietared office	
or register	red agent, or both, in the State of Floi	nda. Such change was authoriz	ed by the i	corporation's	board of directors. I hereby accept the appo	intment as r	egistered	agent. I am	
l	th, and accept the obligations of, Sec	alon 617.0503, Parida Statutes	i.			11/2	· L.		
SIGNATURE .	Signatule, typed or printed name of registered ages	ot and the Lackicable (NC)	TE: Restations	(Amount securatura es	equired when reinstating!	4/29	1 /74	e	
12.		ND DIRECTORS	13.	a rigid it. sign at the let	ADDITIONS/CHANGES TO OFF	4			
TITLE	PD	DELETE	111	ITI F	PD		7 Change	Addition	
NAME	COROLE, BARBARA		1 2 N		Linda Soeder	<u> </u>	10.13.190		
STREET ADDRESS	AACA AIN FAND TODA OF			TREET ADDRESS					
CITY-ST-ZIP	BUASE EL COLOR				10741 S.W. 49th Te Miami, Fl 33165	rrace			
TITLE	VD VD			ITY-ST-ZIP ITLE	· · · · · · · · · · · · · · · · · · ·	- X	Change	Addition	
NAME	RODRIGUEZ, IRENE	Deter i	22 N		VD Cecelia Valdes	***	1 Orlange	ADDITION	
STREET ADDRESS	9250 SW 52ND TERRACE				9250 SW 52nd Terra				
	MIAMI FL 33165			TREET ADDRESS	Miami, Fl 33165	ice			
CITY-S1-ZIP TITLE	SD SD	TOELETE		CITY-ST-ZIP	MIAMI, EI 33103		7.00000	- Addition	
NAME	ALVERS, LOUANNE	[_]vcrc is	31 TI 32 N	700		L] Change	☐ Addition	
i .	9250 SW 52ND TERRACE								
STREET ADDRESS	MIAMI FL 33165		1	TREET ADDRESS					
CITY-ST-ZIP	CS CS	□ DELETE		CITY-ST-ZIP			1 Change	T Addition	
1	f	□ DETE 1E	411			L] Change	☐ Addition	
NAME	LONG, RENEE		4 2 1						
STREET ADDRESS	9250 SW 52 TERR		ŧ	TREET ADDRESS					
CITY-ST-ZIP	MIAMI FL	Doriese		TY-ST-ZIP					
TITLE	TD	☐ DELETE	517] Change	Addition	
NAME	LOPEZ, VIVIAN		5 2 N						
STREET ADDRESS	9250 SW 52ND TERRACE		535	TREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33165	<u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>	5.4 C	ITY-ST-ZIP					
TITLE		□ DELE1E	611	ITLE ,	90000188 -07/10/96010	389 <u>5</u>	nge	☐ Addition	
NAME			62 N	AME	-07/10/96010	1304	3		
STREET ADDRESS			638	TREET ADDRESS	***61.25				
CITY-ST-ZIP			640	Ify-St-ZIP					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 appartachment with an address.

SIGNATURE: _

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

LINGA SOECER. PRESIDENT

4/29/96 Days

3/191

CR2E037 (12/95)