

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004771 (1)

1. Corporation Name

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

Principal Place of Business

Mailing Address

9250 SW 52ND TERRACE
MIAMI FL 331659250 SW 52ND TERRACE
MIAMI FL 33165-65183. Date Incorporated or Qualified
09/27/19943a. Date of Last Report
05/01/1996

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

24

25

29

30

4. FEI Number

65-0524454

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

SOEDER, LINDA
10741 SW 49TH TERR.
MIAMI FL 33165

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

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	<input checked="" type="checkbox"/> DELETE
NAME	SOEDER, LINDA	
STREET ADDRESS	10741 SW 49TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VALDES, CECILIA	
STREET ADDRESS	9250 SW 52ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ALVERS, LOUANNE	
STREET ADDRESS	9250 SW 52ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	CS	<input checked="" type="checkbox"/> DELETE
NAME	LONG, RENEE	
STREET ADDRESS	9250 SW 52 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, VIVIAN	
STREET ADDRESS	9250 SW 52ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CECELIA VALDES	
1.3 STREET ADDRESS	9250 SW 52 TERRACE	
1.4 CITY-ST-ZIP	MIAMI, FL 33165	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Isora Delmas	
2.3 STREET ADDRESS	9250 SW 52 TERRACE	
2.4 CITY-ST-ZIP	MIAMI, FL 33165	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Anny Quesada	
3.3 STREET ADDRESS	9250 SW 52 TERRACE	
3.4 CITY-ST-ZIP	MIAMI, FL 33165	
4.1 TITLE	CS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JEAN Aragomonte	
4.3 STREET ADDRESS	9250 SW 52 TERRACE	
4.4 CITY-ST-ZIP	MIAMI, FL 33165	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Louise Kuscevic	
5.3 STREET ADDRESS	9250 SW 52 TERRACE	
5.4 CITY-ST-ZIP	MIAMI, FL 33165	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Cecelia Valdes (CECELIA VALDES, PRESIDENT) 4/24/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031948

CR2E037 (9/96)