

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005475 (8)**

1. Corporation Name

THE CEJAS FAMILY FOUNDATION, INC.



Principal Place of Business

Mailing Address

**200 SOUTH BISCAYNE BLVD.
STE. 2410
MIAMI FL 33131
US**

**200 SOUTH BISCAYNE BLVD.
STE. 2410
MIAMI FL 33131
US**

3. Date Incorporated or Qualified

11/03/1994

4. FEI Number

65-0534149

Applied For

Not Applicable

2. Principal Place of Business

21 420 Lincoln Road

Suite, Apt. #, etc.

22 Suite 432

City & State

23 Miami Beach, FL

Zip

24 33139

Country

25 USA

2a. Mailing Address

26 420 Lincoln Road

Suite, Apt. #, etc.

27 Suite 432

City & State

28 Miami Beach, FL

Zip

29 33139

Country

30 USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**PLC INVESTMENTS INC.
200 SOUTH BISCAYNE BLVD.
STE. 2410
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

PLC Investments, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

420 Lincoln Road

83

Suite 432

84 City

Miami Beach, FL

FL

85 Zip Code

33139

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 617.0508, Florida Statutes.

SIGNATURE

Hilda C. Montero, Secretary

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/29/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CEJAS, PAUL L	
STREET ADDRESS	200 S. BISCAYNE BLVD SUITE 2410	
CITY-ST-ZIP	MIAMI FL	

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	CEJAS, PABLO L	
STREET ADDRESS	200 S. BISCAYNE BLVD SUITE 2410	
CITY-ST-ZIP	MIAMI FL	

TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	CEJAS, GERTIE TRUDY	
STREET ADDRESS	200 S. BISCAYNE BLVD SUITE 2410	
CITY-ST-ZIP	MIAMI FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	MONTERO, HILDA C	
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. 2410	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		

21 TITLE	President, Treasurer, Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Pablo L. Cajas	
23 STREET ADDRESS	420 Lincoln Road, Suite 432	
24 CITY-ST-ZIP	Miami Beach, Florida 33139	

31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		

41 TITLE	Secretary, Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Hilda C. Montero	
43 STREET ADDRESS	420 Lincoln Road, Suite 432	
44 CITY-ST-ZIP	Miami Beach, Florida 33139	

51 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Julie L. Neitzel	
53 STREET ADDRESS	420 Lincoln Road, Suite 432	
54 CITY-ST-ZIP	Miami Beach, Florida 33139	

61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 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: *Hilda C. Montero* **Hilda C. Montero**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/98 **305-531-5220**

DATE DAYTIME PHONE # 0026506

CR2E037 (10/97)