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FILED
May 06 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 # N94000005804 (9)

1. Corporation Name

CULTURAL AFFAIRS COUNCIL OF SOUTH MIAMI, INC.

Principal Place of Business

Mailing Address

5610 SUNSET DRIVE
SO. MIAMI FL 33143

5610 SUNSET DRIVE
SO. MIAMI FL 33143

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/28/1994

4. FEI Number

65-0655845

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

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

10. Name and Address of New Registered Agent

SASSO, PAUL R
28 WEST FLAGLER STREET
SUITE 505 COURTHOUSE PLAZA
MIAMI FL 33130

81 Name

MARIO GARCIA

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

6015 SW 89 AVE

83

84 City

MIA

FL

85 Zip Code

33173

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

MARIO GARCIA

Notarized Signature

4-26-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SASSO, PAUL R	
STREET ADDRESS	28 WEST FLAGLER ST, STE 505 COURTHOUSE PLZ	
CITY-ST-ZIP	MIAMI FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	GARCIA, JORGE L	
STREET ADDRESS	5610 SUNSET DRIVE	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIBLEY, CURTISS F	
STREET ADDRESS	5750 SUNSET DR	
CITY-ST-ZIP	S MIAMI FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDREW, ESTHER S	
STREET ADDRESS	5610 SUNSET DR	
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.

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAVIER A. ACOSTA	
1.3 STREET ADDRESS	5925 SW 89 AVE	
1.4 CITY-ST-ZIP	MIA FL 33173	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARIE LA ROSA	
3.3 STREET ADDRESS	1550 SAN IGNACIO AVENUE	
3.4 CITY-ST-ZIP	COXAL GABLES, FL 33146	

4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ANDREW ESTHER S	
4.3 STREET ADDRESS	5610 SUNSET DR	
4.4 CITY-ST-ZIP	MIA FL 33143	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

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 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: JORGE L. GARCIA President 4-27-98 (305) 665-7065

CR2E037 (10/97)