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NONPROFIT CORPORATION
ANNUAL REPORT
1999

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



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



3. Date Incorporated or Qualified

11/28/1994

4. FEI Number

65-0655845

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 7800 Red Road

26 7800 Red Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 215 D

27 215 D

City & State

City & State

23 South Miami FL

28 South Miami FL

Zip

Zip

24 33143

29 33143

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Mario Garcia 4-29-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TO
NAME SASSO, PAUL R
STREET ADDRESS 28 WEST FLAGLER ST, STE 505 COURTHOUSE PLZ
CITY-ST-ZIP MIAMI FL

1.1 TITLE TD
1.2 NAME JAVIER A. ACOSTA
1.3 STREET ADDRESS 5925 SW 89 AVE
1.4 CITY-ST-ZIP MIA FL 33173

TITLE P
NAME GARCIA, JORGE L
STREET ADDRESS 5610 SUNSET DRIVE
CITY-ST-ZIP SOUTH MIAMI FL 33143

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

TITLE D
NAME SIBLEY, CURTISS F
STREET ADDRESS 5750 SUNSET DR
CITY-ST-ZIP S MIAMI FL

3.1 TITLE D
3.2 NAME MARIE LA RUSSA
3.3 STREET ADDRESS 1550 SAN IGNACIO AVENUE
3.4 CITY-ST-ZIP COXAL GABLES, FL 33146

TITLE D
NAME ANDREW, ESTHER S
STREET ADDRESS 5610 SUNSET DR
CITY-ST-ZIP MIAMI FL

4.1 TITLE SD
4.2 NAME ANDREW ESTHER S
4.3 STREET ADDRESS 5610 SUNSET DR
4.4 CITY-ST-ZIP MIA FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4-29-99

Date

Daytime Phone # (305) 665-7065