2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 30, 2004 8:00 am DOCUMENT # N94000005804 Secretary of State 1. Entity Name 04-30-2004 90397 045 ****61.25 CULTURAL AFFAIRS COUNCIL OF SOUTH MIAMI, INC. Principal Place of Business Mailing Address 7800 RED ROAD 7800 RED ROAD SO. MIAMI FL 33143 SOUTH MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0655845 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, MARIO 6015 SW 89 AVE Street Address (P.C **MIAMI FL 33173** minmi 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 4/26/04 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Delete ☐ Change Addition ACOSTA, JAVIER A NAME NAME 5925 SW 89TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33173 CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition GARCIA, JORGE L NAME NAME 5610 SUNSET DRIVE STREET ADDRESS STREET ADDRESS SOUTH MIAMI FL 33143 CtTY-ST-ZIP CITY-ST-ZIP SD TITLE Delete TITLE ☐ Change Addition ANDREW, ESTHER S NAME NAME 5610 SUNSET DR STREET ADDRESS STREET ADDRESS **MIAMI FL 33143** City-St-7IP CITY-ST-ZIP OTERU, RICHARD -Delete TITLE TITLE OTERO, RICHARD 7800 Red Rd SVITTZISD NAME 7800 RED ROAD SUITE 101 ZISD STREET ADDRESS STREET ADDRESS S. MIAMI FL 33143 Smimi F/ 33,43 CITY-ST-ZIP CITY-ST-ZIP ANA OTERO Change TROO Red Rd SHITE 2150 SMINMI FI 33143 TITLE Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

WUNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04

305-6667469

FILED