

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000701 (1)

1. Corporation Name

ASILOMAR COMMUNITY SERVICES, INC.



Principal Place of Business

2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES FL 33134

Mailing Address

2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

02/13/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

05-0558411

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FUENTES, GUSTAVO E
2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 current applicable

(NOTE: Registered Agent signature required when requesting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

FUENTES, DAINERY M
2121 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

FUENTES, GUSTAVO
2121 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

MALUTA, ELIZABETH
2121 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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***70.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Dainery M. Fuentes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/96 (905) 881-8123
Date Daytime Phone #

CR2E037 (12/95)