FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9500001221 (9)

1. Corporation Name								
GRUPO	DE APOYO A LA DISIDENI	CIA, INC.						
Principal Plac	e of Business	Mailing Address					 	
1000 PONCE DE LEON BLVD. 1000 PONCE DE LEON BLVD.			VD.			3. Date Incorporated or Qualified		
SUITE 312	SUITE 312	ITE 312			03/14/1995			
CORAL GABLES FL 33134 CORAL GABLES FL 33134						4. FEI Number	I IA	pplied For
						65-0679401	 	ot Applicable
	lace of Business	2a. Mailing Address				5. Certificate of Status Desired		Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.				equired		
22		27		6. Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to			
City & State	9	City & State			· · · · · ·	7. Is this nonprofit corporation a homeowr		
23		28				☐ Yes		
Zip	Country	Zip	—	untry		6. This corporation owes or has paid the		
24	9. Name and Address of Current	29 Registered Agent	30	т—		Personal Property Tax due June 30. 10. Name and Address of New Registere		☑ No
	e. Name gilo Addibas di Collent	Hadiatatan vilatit		81	Name	75- Hans and Addiess Of Her Hegister	o Agent	
HERNANDEZ-TRUJILLO , FRANK					01-11	(5.0.5. 1)		
1000 PONCE DE LEON BLVD.				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
SUITE 312				В3				
CORAL GABLES FL 33134				84	City		. 85 Zip	Code
					,	<u>F</u>		[
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the a	above	e-named cor	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing it	ts registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503, Fk	orida Sta	lutes	3.	and the board of angular of the real of the second and an angular of the second and an anomal of the second and an angular of the se	ppoint, inc. it as	, 108,010,00
SIGNATURE .	Signature, typod or printed name of registered agent	and tills if applicable (NOT	E. Donielar	nd Age	not cianatura rocu	ired when reinslating) DATE		
12.	OFFICERS AND		13.	an uffe	in Bignatore rede	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TITLE	D	DELETE	1.11	ITLE			Change	☐ Addition
NAME	CRESPO, RAFAEL		1.21	IAME	1			
STREET ADDRESS	ADDRESS 1000 PONCE DE LEON BLVD., SUITE 312			TREET	ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 (1.4 CITY - ST - ZIP				
TITLE			2.11	ITLE			Change	☐ Addition
NAME	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2.21	NAME				
STREET ADDRESS			2.3 \$	THEET	ADDRESS			
CITY-ST-ZIP			_		ST - ZIP		-	
TITLE	_		3.17	TILE			Change	Addition
NAME			3.21	iame				
STREET ADDRESS	CODAL CADIFO EL COMO		3.3 9	TREET	ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4. CITY		ST-ZIP			
TITLE			ITLE			Change	☐ Addition	
NAME			NAME					
STREET ADDRESS	00011 010170 71 00101			ADDRESS				
CITY-ST-ZIP			ITY - S	T- ZIP		 -	1.00	
TITLE	0	☐ DELETE		TLE	1		Change	Addition
NAME	MARTINEZ, JUAN	ALIE	4	AME				
STREET ADDRESS	1000 PONCE DE LEON BLVD.,	SUITE 312	•		ADDRESS			ı
CITY-ST-ZIP	CORAL GABLES FL 33134		5.4 0	CITY-S	T-ZIP			

14. Thereby 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 chapter 7 or on an attachment with an address.

6.3 STREET ADDRESS

6.1 TITLE

DELETE

PENELA, FRANK

CORAL GABLES FL 33134

1000 PONCE DE LEON BLVD., SUITE 312

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Jun 01 1998 8:00am

Secretary of State