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Feb 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

DOCUMENT # N95000001653 (3)

1. Corporation Name

ASSOCIATION CIVICA-COMBATIENTES FDN, INC.



Principal Place of Business

Mailing Address

1401 W. 29 ST., C-53  
HIALEAH FL 33012

1401 W. 29 ST., C-53  
HIALEAH FL 33012

3. Date Incorporated or Qualified

04/04/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, JUAN G  
1401 W. 29 ST., C-53  
HIALEAH FL 33012

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME RODRIGUEZ, JUAN G  
STREET ADDRESS 1401 W. 29 ST., C-53  
CITY-ST-ZIP HIALEAH FL 33012

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME LUIS, GADEA  
STREET ADDRESS 3055 SW 27 LANE #8  
CITY-ST-ZIP MIAMI FL 33133

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME LUIS, VINDEL  
STREET ADDRESS 2209 CORAL GABLES  
CITY-ST-ZIP ALAMBRA CIRCLE FL 33135

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE DS ☐ DELETE

NAME ROBLES, RODOLFO  
STREET ADDRESS 7500 SW 153 ST., #105  
CITY-ST-ZIP MIAMI FL 33193

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME FERMIN, TORRES  
STREET ADDRESS 7423 SW 152 AVE #208  
CITY-ST-ZIP MIAMI FL 33193

2.1 TITLE ☐ Change ☐ Addition

TITLE DS ☐ DELETE

NAME DANILO, MARIN J  
STREET ADDRESS 11021 SW 60 TERRA  
CITY-ST-ZIP MIAMI FL 33173

2.2 NAME ☐ Change ☒ Addition

2.3 STREET ADDRESS ENRIQUE BERMUDEZ  
12010 SW 96 ST  
Miami FL 33186

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0022580

CR2E037 (10/97)