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FILED
Apr 16 1997 8:00am
Secretary of State

NON-PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000002216

1. Corporation Name

ACOEMDO DE LA FLORIDA CORP.

Principal Place of Business

1594 N.W. 36th St.
Miami, Fl. 33142

Mailing Address

1594 N.W. 36th St.
Miami, Fl. 33142

3. Date Incorporated or Qualified
05/09/1995

3a. Date of Last Report

2. Principal Place of Business

21 State, 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

65-0581053

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

JOSE TORRES
2630 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL. 33020

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and 11-2 applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME ☐ DELETE

P/D
OLIVO, LEONEL S.
1594 N.W. 36 St.
Miami, Fl. 33142

12.2 NAME ☐ DELETE

S/D
CALDERON, RAFAEL
8280 S.W. 44 St.
Miami, Fl. 33155

12.3 NAME ☐ DELETE

D
SEGURA, YUNIS
133 S.W. 22 Ave.
Miami, Fl. 33135

12.4 NAME ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

12.5 NAME ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

12.6 NAME ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

700002145887
-04/17/97--01019--036
***165.00

14. I do 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 included 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 607, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

(Signature typed or printed name of signing officer or director)

LEONEL OLIVO

14/9/97 305-638-4500

CR2E034 (9/96)