

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000002549 (2)

1. Corporation Name

THE COMMISSION OF THE TWELVE, INC.

Principal Place of Business

Mailing Address

2665 S. BAYSHORE DRIVE  
SUITE 601  
MIAMI FL 33133

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SUITE 601  
MIAMI FL 33133



3. Date Incorporated or Qualified

05/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0366708

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fees 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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DORTA, GONZALO R  
1401 BRICKELL AVENUE  
SUITE 650  
MIAMI FL 33131

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 ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME PD  
STREET ADDRESS SILVA, ORLANDO G  
CITY-ST-ZIP 2665 S. BAYSHORE DR. #601  
MIAMI FL 33133

1.2 NAME VS  
1.3 STREET ADDRESS SILVA, CARLOS  
1.4 CITY-ST-ZIP 2665 S. BAYSHORE DR. #601  
Miami, FL 33133

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME VD  
STREET ADDRESS SILVA, ORLANDO E  
CITY-ST-ZIP 2665 S. BAYSHORE DR. #601  
MIAMI FL 33133

2.2 NAME

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME VD  
STREET ADDRESS LEON, GUSTAVO  
CITY-ST-ZIP 2541 S.W. 27TH AVE.  
MIAMI FL 33133

3.2 NAME

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME S  
STREET ADDRESS DORTA, GONZALO R  
CITY-ST-ZIP 11903 S.W. 34TH ST.  
MIAMI FL 33175

4.2 NAME

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME T  
STREET ADDRESS ALFONSO, MARIO  
CITY-ST-ZIP 8941 S.W. 10TH TERRACE  
MIAMI FL 33174

5.2 NAME

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME S  
STREET ADDRESS SILVA, JORGE E  
CITY-ST-ZIP 2665 S. BAYSHORE DR. #601  
MIAMI FL 33133

6.2 NAME

TITLE ☐ DELETE

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/96

Date

Daytime Phone #

CR2E037 (12/95)