

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 # N95000003383 (5)

1. Corporation Name

FUNDACION NUESTRA SENORA DE LA ASUNCION, INC.



Principal Place of Business

Mailing Address

**800 W AVE
SUITE 1A
MIAMI BEACH FL 33139**

**800 W AVE
SUITE 1A
MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified
07/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FET Number

☒ 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

10. Name and Address of New Registered Agent

**TOLEDO, RICHARD G
100 N BISCAYNE BLVD
SUITE 1717
MIAMI FL 33132**

81 Name **EVELINA LOWENTHAL**

82 Street Address (P.O. Box Number is Not Acceptable)

**800 West Ave. # 1A
MIAMI Bch., A. 33139**

83 City

MIAMI Bch. FL

85 Zip Code **33139**

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, who hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **EVELINA LOWENTHAL**

[Signature]

01 Feb 96

Signature, typed or printed name of registered agent, and title if applicable.

DATE Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D LOWENTHAL, EVELINA**
STREET ADDRESS **800 W AVE SUITE 1A**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D GIMENEZ, LUZ**
STREET ADDRESS **800 W AVE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D RODRIGUEZ, SONIA**
STREET ADDRESS **800 W AVE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D LLARRINAGA, JOSE**
STREET ADDRESS **800 W AVE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D JEBAL, MERCEDES**
STREET ADDRESS **800 W AVE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D REYES, MARIA**
STREET ADDRESS **800 W AVE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

01 Feb 96

305-673-3141

CR2E037 (12/95)

4-8-96