## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000003383 (5)

FUNDA	CION NUESTRA SENOR	A DE LA ASUNCION, IN	IC.			-   	
Principal Place of Business		Mailing Address					
	o or business						
800 W AVE Suite 1A		800 W AVE Suite 1A					
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-55		5542	2		O. Database and the control of the c		
O District						3. Date Incorporated or Qualified 07/18/1995 3a. Date of Last Report 04/08/1996	
2. Principal Place of Business 21		2a. Mailing Address				4. FEI Number APPLIED FOR 65-0667/45 Applied Fo	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additions	
22		27				5. Certificate of Status Desired Fee Required	11
City & State		City & State			72.12	6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees		
Zip 24	Country	Zip	Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032	≥,
24 25 9, Name and Address of Cu		29 30 30 Tent Registered Agent		1		Florida Statutes Yes No  10. Name and Address of New Registered Agent	
				81	Name	10. There are stated of the first field and stated and	
LOWENT	'HAL, EVELINA			-	0	(0.0 p. 4)	
800 WEST AVE. # 1A				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	CH FL 33139			83			
[	^			84	City	85 Zip Code	
					•	FL ( )	
11. Pursuant office or r	to the provisions of Sections 617.0 egistered agent, or both, in the Sta	:502 and 617.1508, Florida Statu ate of Florida. Such change was	ules, the ab s authorized	ove by	-named corpo the corporation	oration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registered	red ad
agent. I a	m familiar with, and accept the ob	ligations of, Section 617.0503, F	Florida Stat	utes.		as a second seco	
SIGNATURE .	Signature, typed or printed name of registered	Agent and little if applicable (MC	TE: Boointeron	L Acces	nt signature required	d when reinstating) DATE	_
12.		AND DIRECTORS	13.	, URei	it eignature requiet	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE 1.1 TI		LE		Change Add	ition
NAME	LOWENTHAL, EVELINA			1.2 NAME			
STREET ADDRESS	800 W AVE SUITE 1A	1.3 \$		REET A	address		
CITY-ST-ZIP			1.4 00	Y-ST	- ZIP		
TITLE	D			2 1 TITLE		☐ Change ☐ Add	ition
NAME	GIMENEZ, LUZ SSS   800 W AVE		2 2 NAME				
STREET ADDRESS	1 757 7 7		•	2.3 STREET ADDRESS			
CITY-ST-2IP	MIAMI BEACH FL 33139  D DELETE			2. 4 CITY-ST-ZIP 3.1 TITLE		Change Add	lition
NAME	<del>-</del>			3.2 NAME		Clouds C No	RIOH
STREET ADDRESS	AAA MI ILMP			3.3 STREET ADDRESS			
CITY-ST-ZIP		MALE PEACLE AND ALON		IY-\$I	1		
TITLE	D	DELETE			1 2 1	☐ Change ☐ Addi	ition
NAME	LLARRINAGA, JOSE		4. 2 NAM			<del></del> • <del>-</del>	
STREET ADDRESS	800 W AVE	00 W AVE 43:		REET A	ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		4.4 CIT	Y-ST	- ZIP		
TITLE	D	DELETE	5.1 TITLE			☐ Change ☐ Addi	ition
NAME	JEBAI, MERCEDES		5.2 NAME				
STREET ADDRESS	800 W AVE		5.3 STF	REET A	ADDRESS		
CITY-ST-ZIP	MAMI BEACH FL 33139		5.4 CIT	Y-ST	- ZIP		
TITLE	I I I I I I I I I I I I I I I I I I I		6.1 TiT			Change Addi	ition
NAME	REYES, MARIA		6.2 NA				
STREET ADDRESS	800 W AVE				ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		6.4 CIT	Y-\$1-	- 2IP		

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 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.