


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90027 006 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000003383					
1. Corporation Name FUNDACION NUESTRA SENORA DE LA ASUNCION, INC.					
Principal Place of Business 800 W AVE SUITE 1A MIAMI BEACH FL 33139			Mailing Address 800 W AVE SUITE 1A MIAMI BEACH FL 33139		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0667145	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOWENTHAL, EVELINA 800 WEST AVE. # 1A MIAMI BCH FL 33139				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOWENTHAL, EVELINA			1.2 NAME			
STREET ADDRESS	800 W AVE SUITE 1A			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIMENEZ, LUZ			2.2 NAME			
STREET ADDRESS	800 W AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODRIGUEZ, SONIA			3.2 NAME			
STREET ADDRESS	800 W AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LLARRINAGA, JOSE			4.2 NAME			
STREET ADDRESS	800 W AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JEBAL, MERCEDES			5.2 NAME			
STREET ADDRESS	800 W AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REYES, MARIA			6.2 NAME			
STREET ADDRESS	800 W AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)