

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004371

1. Corporation Name

A.I.P.E.U.C. - CAPITULO DE LA FLORIDA, INC.

Principal Place of Business

**1402 KENNEDY CAUSEWAY NO. 219
NORTH BAY VILLAGE FL 33141**

Mailing Address

**1402 KENNEDY CAUSEWAY NO. 219
NORTH BAY VILLAGE FL 33141**

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90262 034 ****61.25



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**QUISPE, MARGOT
2635 N.E. 204 TERRACE
NORTH MIAMI BEACH FL 33180**

3. Date Incorporated or Qualified

09/11/1995

4. FEI Number

65-0601786

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

10. Name and Address of New Registered Agent

81 Name

VALDIVIA SONNIA

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

1900 S. TREASURE DR. APT 9T

83

84

NORTH BAY VILLAGE

FL

85 Zip Code

33141

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

TITLE **PD** ☐ DELETE
NAME **VALDIVIA, SONNIA V**
STREET ADDRESS **1402 KENNEDY CAUSEWAY NO. 219**
CITY-ST-ZIP **NORTH BAY VILLAGE FL 33141**

TITLE **VD** ☐ DELETE
NAME **ALVA, SILVIO**
STREET ADDRESS **5800 S.W. 92ND AVE.**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **SD** ☐ DELETE
NAME **PAJARES, JULVER**
STREET ADDRESS **2735 W. 52ND STREET NO. 206**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **TD** ☐ DELETE
NAME **LLERENA, GLADYS**
STREET ADDRESS **10801 S.W. 109TH COURT**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 27, 1999

305-864-6425

CR2E037 (11/98)

0095067