

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 # N95000004682 (9)

1. Corporation Name

MIAMI ECUDORIAN LIONS CLUB INC.



Principal Place of Business

**4216 SW 154 CT
MIAMI FL 33185**

Mailing Address

**4216 SW 154 CT
MIAMI FL 33185**

3. Date Incorporated or Qualified
10/02/1995

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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**KING, EDNA
4216 SW 154 CT
MIAMI FL 33185**

10. Name and Address of New Registered Agent

81 Name

LOURDES MOSQUERA

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

14142 S.W. 38 TERRACE

83

84 City

MIAMI,

FL

85 Zip Code

33175

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

Lourdes Mosquera

Lourdes Mosquera, Pres.

7/16/96

(Signature, typed or printed name of registered agent, if applicable)

(NOTE: Registered Agent signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT D** ☒ DELETE
NAME **Gustavo King**
STREET ADDRESS **4216 S.W. 154 Ct.**
CITY-ST-ZIP **Miami, Fl. 33185**

TITLE **V.PRESIDENT D** ☐ DELETE
NAME **German Mosquera**
STREET ADDRESS **14142 S.W. 38 Terrace**
CITY-ST-ZIP **Miami, Fl. 33175**

TITLE **TREASURER D** ☒ DELETE
NAME **Lourdes Mosquera**
STREET ADDRESS **14142 S.W. 38 Terrace**
CITY-ST-ZIP **Miami, Fl. 33175**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **P D** ☒ Change ☐ Addition
1.2 NAME **Lourdes Mosquera**
1.3 STREET ADDRESS **14142 S.W. 38 Terrace**
1.4 CITY-ST-ZIP **Miami, Fl. 33175**

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Cecilia Garcia**
3.3 STREET ADDRESS **8550 S.W. 109 Ave., Apt. 115**
3.4 CITY-ST-ZIP **Miami, Fl. 33173**

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

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

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, upon agreement with an address.

SIGNATURE:

Lourdes Mosquera **Lourdes Mosquera**

7/16/96

305-225-1053

Daytime Phone #

CR2E037 (12/95)