


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N95000004755 (3)</b> 1. Corporation Name <b>ST. AUGUSTINE COLLEGE ALUMNI ASSOCIATION INC.</b>					
Principal Place of Business <b>4260 S.W. 150 AVENUE MIAMI FL 33185</b>		Mailing Address <b>4260 S.W. 150 AVENUE MIAMI FL 33185-4334</b>			
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>10/02/1995</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		3b. Date of Last Report <b>05/23/1996</b>	
City & State <b>23</b>		City & State <b>28</b>		4. FEI Number <b>65-0722918</b>	
Zip <b>24</b>		Country <b>25</b>		Applied For <input type="checkbox"/> Not Applicable	
Country <b>29</b>		Country <b>30</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent <b>WOLFE, LARRY 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643</b>		10. Name and Address of New Registered Agent <b>81 Name ANA M. COLLADO, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 300 SEVILLA AVE, SUITE 200 83 84 City CORAL GABLES FL 85 Zip Code 33134</b>			
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 <i>[Signature]</i> <b>ANA M. COLLADO, Esq.</b> <b>3/21/97</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME <b>PD PEREZ, HERIBERTO</b>					
1.3 STREET ADDRESS <b>4260 S.W. 150 AVENUE</b>					
1.4 CITY-ST-ZIP <b>MIAMI FL 33185</b>					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME <b>VD SANCHEZ, DESIDERIO</b>					
2.3 STREET ADDRESS <b>160 ROYAL PALM RD #115</b>					
2.4 CITY-ST-ZIP <b>HIALEAH GARDENS FL 33016</b>					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME <b>TD GARCIA, MARIO G</b>					
3.3 STREET ADDRESS <b>10221 SW 27 ST</b>					
3.4 CITY-ST-ZIP <b>MIAMI FL 33165</b>					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME <b>SD BARBA, MANUEL</b>					
4.3 STREET ADDRESS <b>9510 SW 30 TERR</b>					
4.4 CITY-ST-ZIP <b>MIAMI FL 33165</b>					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME <b>PD HERIBERTO PEREZ</b>					
1.3 STREET ADDRESS <b>4260 SW 150 AVE</b>					
1.4 CITY-ST-ZIP <b>MIAMI, FL 33185</b>					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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. SIGNATURE: <i>[Signature]</i> <b>2-13-97</b> <b>(305) 375-1193</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033887</small>					



CR2E037 (9/96)