

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004755 (3)**

1. Corporation Name

ST. AUGUSTINE COLLEGE ALUMNI ASSOCIATION INC.



Principal Place of Business 4280 S.W. 150 AVENUE MIAMI FL 33185	Mailing Address 4280 S.W. 150 AVENUE MIAMI FL 33185
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2. Principal Place of Business 21 160 ROYAL PALM RD Suite, Apt. #, etc. 22 UNIT # 108 City & State 23 HIALEAH GARDENS, FL Zip 24 33016 Country 25 USA	2a. Mailing Address 26 160 ROYAL PALM RD Suite, Apt. #, etc. 27 UNIT # 108 City & State 28 HIALEAH GARDENS, FL Zip 29 33016 Country 30 USA
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3. Date Incorporated or Qualified 10/02/1995
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4. FEI Number 65-0722918	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent COLLADO, ANA M. E 300 SEVILLA AVE SUITE 200 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent 81 Name MARIO G. GARCIA 82 Street Address (P.O. Box Number Is Not Acceptable) 10221 SW 27 ST 83 84 City MIAMI FL 85 Zip Code 33165

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  **MARIO G. GARCIA** DATE **2-11-98**

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD PEREZ, HERIBERTO
STREET ADDRESS	4280 S.W. 150 AVENUE
CITY-ST-ZIP	MIAMI FL 33185
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VD SANCHEZ, DESIDERIO
STREET ADDRESS	160 ROYAL PALM RD #115
CITY-ST-ZIP	HIALEAH GARDENS FL 33016
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD HERIBERTO, PEREZ
STREET ADDRESS	10221 SW 27 ST
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD BARBA, MANUEL
STREET ADDRESS	9510 SW 30 TERR
CITY-ST-ZIP	MIAMI FL 33185
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD DESIDERIO SANCHEZ
1.3 STREET ADDRESS	160 ROYAL PALM RD. # 108
1.4 CITY-ST-ZIP	HIALEAH GARDENS, FL 33016
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TD MARIO G. GARCIA
2.3 STREET ADDRESS	10221 SW 27 ST
2.4 CITY-ST-ZIP	MIAMI FL 33165
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D HERIBERTO PEREZ
3.3 STREET ADDRESS	4280 SW 150 AVE
3.4 CITY-ST-ZIP	MIAMI FL 33185
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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:  **MARIO G. GARCIA** DATE **2-11-98** **305 375 1193**

CR2E037 (10/97)