


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90016 021 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N95000004755**

1. Corporation Name

**ST. AUGUSTINE COLLEGE ALUMNI ASSOCIATION INC.**

Principal Place of Business  
160 ROYAL PALM RD  
108  
HIALEAH GARDENS FL 33016  
US

Mailing Address  
160 ROYAL PALM RD  
108  
HIALEAH GARDENS FL 33016  
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/02/1995 4. FEI Number 65-0722918 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

GARCIA, MARIO G  
10221 SW 27 ST  
~~SUITE 200~~ (alt)  
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

FL

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

4-7-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESIDERIO, SANCHEZ	1.2 NAME	DESIDERIO SANCHEZ
STREET ADDRESS	160 ROYAL PALM RD #108	1.3 STREET ADDRESS	160 ROYAL PALM RD # 108
CITY-ST-ZIP	MIAMI FL 33016	1.4 CITY-ST-ZIP	HIA LEAH GARDENS, FL 33016
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MARIO G	2.2 NAME	MARIO G. GARCIA
STREET ADDRESS	10221 SW 27 ST	2.3 STREET ADDRESS	10221 SW 27 ST
CITY-ST-ZIP	MIAMI FL 33185	2.4 CITY-ST-ZIP	MIAMI FL 33165
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERIBERTO, PEREZ	3.2 NAME	HERIBERTO PEREZ
STREET ADDRESS	10221 SW 27 ST	3.3 STREET ADDRESS	4260 SW 150 AVE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33185
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBA, MANUEL	4.2 NAME	
STREET ADDRESS	9510 SW 30 TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address, with all other like empowered.

SIGNATURE:

*(Signature)* SIGNATURE REQUIRED MARIO G GARCIA 4/7/99 305 375 1193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-111081