

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90309 039 ****61.25

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

C0090782



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

10/02/1995

4. FEI Number

65-0722918

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

9. Name and Address of Current Registered Agent

GARCIA, MARIO G
10221 SW 27 ST
SUITE 200 (suite)
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

FL

85 Zip Code

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	<input checked="" type="checkbox"/> DELETE
NAME	DESIDERIO, SANCHEZ	
STREET ADDRESS	160 ROYAL PALM RD #108	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, MARIO G	
STREET ADDRESS	10221 SW 27 ST	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HERIBERTO, PEREZ	
STREET ADDRESS	10221 SW 27 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARBA, MANUEL	
STREET ADDRESS	9510 SW 30 TERR	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DESIDERIO SANCHEZ	
1.3 STREET ADDRESS	160 ROYAL PALM RD #108	
1.4 CITY-ST-ZIP	HIA LEAH GARDENS FL 33016	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARIO G. GARCIA	
2.3 STREET ADDRESS	10221 SW 27 ST	
2.4 CITY-ST-ZIP	MIAMI FL 33165	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HERIBERTO PEREZ	
3.3 STREET ADDRESS	4260 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 supplement 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARIO G. GARCIA 4/7/99 305 375 1193 (same)

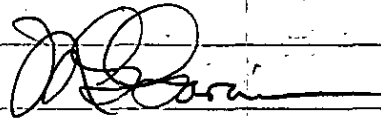
CR25037 (11/08)

4-29-00

Dear Sir or Madam:

I have misplaced the 2000 UBR for corporation # ~~N~~ N9500004755; in its stead, I am sending a photocopy of last year's UBR signed today, and a check for \$61.25.

Cordially,



Registered Agent

Office #: 305-375 1193