# FILED
# Aug 03, 1999 8:00 am
# Secretary of State

08-03-1999 90008 023 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT

**1999**

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

## DOCUMENT # N95000004902

1. Corporation Name

G. HOLMES BRADDOCK FINE ARTS BOOSTER ASSOCIATION , INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3601 SW 147TH AVENUE<br>MIAMI FL 33175 | 3601 SW 147TH AVENUE<br>MIAMI FL 33175 |

600200 - 90008 - 23

| | | | |
|---|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>10/16/1995 | |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>65-0213049 | Applied For<br>Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ | $8.75 Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

DE LEON, EVAELIS
2301 SW 139TH PLACE
MIAMI FL 33175

**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 Evaelis De Leon Treasurer 05/04/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RIVERO, ERICH<br>3601 SW 147TH AVE<br>MIAMI FL 33185 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | Rivero, Erich<br>3601 SW 147 Avenue<br>Miami, FL 33175 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COBIA, MAYRA<br>3601 SW 147TH AVENUE<br>MIAMI FL 33175 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | Cobia, Mayra<br>3601 SW 147 Avenue<br>Miami, FL 33175 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>ALVAREZ, LUIS<br>11823 SW 34 ST<br>MIAMI FL | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | President<br>De Leon, Christopher<br>2301 SW 139 Place<br>Miami, FL 33175 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>POL, ONDINA M<br>3470 SW 142 AVE<br>MIAMI FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | V-President<br>Pol, Ondina<br>3470 SW 142 Avenue<br>Miami, FL 33175 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>VARELA, NANCY<br>3242 SW 139 PL<br>MIAMI FL | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | Secretary<br>McLaughlin, Teresa<br>8620 SW 149 Avenue # 405<br>Miami, FL 33193 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>DE LEON, EVAELIS<br>2301 SW 139 PLACE<br>MIAMI FL 33175 | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | Treasurer<br>De Leon, Evaelis<br>2301 SW 139 Place<br>Miami, FL 33175 | ☐ Change ☐ Addition |

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, with all other like empowered.

**SIGNATURE:** Evaelis De Leon TReasurer 05/04/99
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)