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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
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DOCUMENT # N95000004902

1. Corporation Name

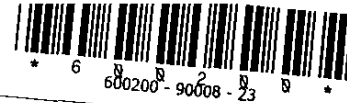
G. HOLMES BRADDOCK FINE ARTS BOOSTER ASSOCIATION
, INC.

Principal Place of Business

3601 SW 147TH AVENUE
MIAMI FL 33175

Mailing Address

3601 SW 147TH AVENUE
MIAMI FL 33175



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

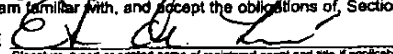
9. Name and Address of Current Registered Agent

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
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
(NOTE: Registered Agent signature required when reinstating)

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #