## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FIGRIDA L CHARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CARPORATIONS

1996

## DOCUMENT # N9500005365 (0) 1. Corporation Name

TIMINTZA FOUNDATION, CORP.

									E SERVICIO DE COMENTA E LA COLLEGIO DE COMENTA DE COMENTA DE COMENTA DE COMENTA DE COMENTA DE COMENTA DE COMEN	
Principal Place	of Business		Mailing Address					E LODITAGE DES FOLIE SELLE SELLE SELLE DOLLE DOLLE DOLLE DEL CONTROL DEL CONTR		
10294 SW 139TH PLACE MIAMI FL 33186				10294 SW 139TH PLACE MIAMI FL 33186						
									3. Date Incorporated or Qualified 3a. Date of Last Report 11/09/1995	
2. Principal Place of Business					2a. Mailing Address				4. FEI Number	
21				26						
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required	
Crty & State				City & State					6. Election Campaign Financing \$5.00 May Be	
23				28					Trust Fund Contribution Added to Fees	
Zip		Country		<b>├</b> ¬ ' <b>├</b> ¬			Country		8. This corporation has liability for intangible tax under s. 199.032,	
24 25				29 30					Florida Statutes  Yes Yo	
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent  81 Name			
METE IONIAGIO							61	Name		
VITE, IGNACIO 10294 SW 139TH PLACE								Street /	Address (P.O. Box Number is Not Acceptable)	
MIAMI FI						83				
(AMPLEMENT) 3 (	. 55100									
							84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the ator registered agent, or both, in the State of Florida Such change was authorized by the familiar with, and accept the obligations of, 260 km 617,0503, Florida Statutes							above r ne corp	named co oration's	corporation submits this statement for the purpose of changing its registered office is board of directors. I hereby accept the appointment as registered agent. I am	
	in, and accer		المالية في المالية	01/2	OS, FIORIDA SIZIULES	2.5	217		1/2/51	
SIGNATURE	Signature, typed	or printed name of re		title if app	licatie (NC	O'E Regist	fered Ager	it signature re	required when reinstallings DATE	
12.			ICERS AND D	RECTO		1	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIFLE		S DENT	. const		DELETE	1	3,111.6		PUBLIC RELATIONS Change Addition	
NAME	IGNA	745W	13944	PL	·		.2 NAME		10274 SW 139 PL	
STREET ADDRESS	1024	OWILE	7 23	10	<b>、</b> ソ			ADDRESS	MI AMI, FC. 33186	
CITY-ST-ZIP TITLE	ULCE	E DRES	DEAT		DELETE		4 CITY - S	ST - ZIP	OROGRAM DIRECTOR Change Addition	
NAME	·	5.6 AU	BOND		Преце		2 NAME		CUMANDA TARA	
STREET ADDRESS	17.2	74 BW	1391	4	D	1		ADDRESS	15586 3W 62HD AVE.	
CITY - ST - ZIP	MI	MIFL	3318	<b>'</b> 6	<i>y</i>		4 CITY-		MIAMILEL. 33193	
TITLE	70	19 0 0 AE	52		DELETE		1 TITLE	51 211	PROGRAM DIRECTOR Change Addition	
NAME	7.0	NN PP	COTY		_	3	2 NAME		JOSEPHINE ALBA RRACIN	
STREET ADDRESS	Lift	59 SW	19 th	TER	2 # 127	3	3 STREET	ADDRESS	11255 SW 160 CT	
CITY-ST-ZIP	M	AMILE	<u>ሬ 33</u>	<u> ر 7 ب</u>		3	4 C(1Y-	S1 - 21P	MIAMIFC 33176	
TITLE		A SUBE			DELETE		1 TITLE		☐ Change ☐ Addition	
NAME	MA	RIAF	61300 19th 1	600	#127 D	•	2 NAME		names on block #13 are	
STREET ADDRESS	(	AMI,	r/ - 2	3 . 7	2			ADDRESS	the state of the	
CITY-ST-ZIP TITLE				2/ /	DELETE		4 CITY - S	ST - ZIP	my additions of things	
NAME	<u>S</u> E	CPE TA	<u>'`</u>	>~	FIDELETE		1 TITLE		They are parte of the Change Addition officers and director O. Vite.	
STREET ADDRESS	12.4	FREDO	LOELGA	TEL	en #42			ADDRESS	officers and deventor Vite.	
CITY-ST-ZIP	, L	AMI, F	· 14 · 41 · 2. · 3	3/7	7.5		4 CITY-S			
TITLE		E CRET		٠٠٠	DELETE		1 TITLE		6000018902 <b>68</b> nge Addition	
NAME	4	JRAD	EL GA	00	_		2 NAME	*	-07/11/9601009027	
STREET ADDRESS	120	as Su	19th	THE	R #42			, LADDRESS	m. 4 (Auth	
CITY-ST-ZIP	M	IAMILE	٠4 3	3/	75		4 CITY - 9			
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made further coath; 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTE NAME OF SIGNING OFFICIAL OR DIRECTOR

5/1/96 305-388-3782

CR2E037 (12/95)