

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005365 (0)

1. Corporation Name

TWINTZA FOUNDATION, CORP.



Principal Place of Business

**10294 SW 139TH PLACE
MIAMI FL 33186**

Mailing Address

**10294 SW 139TH PLACE
MIAMI FL 33186**

3. Date Incorporated or Qualified
11/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VITE, IGNACIO
10294 SW 139TH PLACE
MIAMI FL 33186**

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

Ignacio Vite **PRESIDENT**

6/30/96

Signature typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE **PRESIDENT** ☐ DELETE

1.1 TITLE **PUBLIC RELATIONS** ☐ Change ☐ Addition

NAME **IGNACIO VITE**

1.2 NAME **FANNY VITE**

STREET ADDRESS **10294 SW 139th PL**

1.3 STREET ADDRESS **10294 SW 139 PL**

CITY-ST-ZIP **MIAMI, FL 33186**

1.4 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **VICE PRESIDENT** ☐ DELETE

2.1 TITLE **PROGRAM DIRECTOR** ☐ Change ☐ Addition

NAME **JOSE AUBRINO**

2.2 NAME **CUMANDA JARA**

STREET ADDRESS **10294 SW 139th PL**

2.3 STREET ADDRESS **15586 SW 62ND AVE.**

CITY-ST-ZIP **MIAMI, FL 33186**

2.4 CITY-ST-ZIP **MIAMI, FL 33193**

TITLE **TREASURER** ☐ DELETE

3.1 TITLE **PROGRAM DIRECTOR** ☐ Change ☐ Addition

NAME **JUAN PEITOD**

3.2 NAME **JOSEPHINE ALBARRACIN**

STREET ADDRESS **11859 SW 19th TERR #107**

3.3 STREET ADDRESS **11255 SW 160 CT**

CITY-ST-ZIP **MIAMI, FL 33175**

3.4 CITY-ST-ZIP **MIAMI, FL 33196**

TITLE **TREASURER** ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **MARIA PEITOD**

4.2 NAME ☐ Change ☐ Addition

STREET ADDRESS **11859 SW 19th TERR #127**

4.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP **MIAMI, FL 33175**

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SECRETARY** ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **ALFREDO DELGADO**

5.2 NAME ☐ Change ☐ Addition

STREET ADDRESS **12035 SW 19th TERR #42**

5.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP **MIAMI, FL 33175**

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SECRETARY** ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **LAURA DELGADO**

6.2 NAME ☐ Change ☐ Addition

STREET ADDRESS **12035 SW 19th TERR #42**

6.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP **MIAMI, FL 33175**

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 305-388-3782

Date

Daytime Phone #

CR2E037 (12/95)