FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # N9500005365 (0)

May 20 1998 8:00am Secretary of State

 Corporatio 	n Name	11000		0000 (0	7								
TIWINTZA FOUNDATION, CORP.													
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L. () O O !	10/11/01/1/ 00/11	•					1	D NATAHARI BID ERIKA BEHIN DONA BASAN ODAH	DOKOH OKOP		 	
								_					
Principal Place of Business Mailing Address									* 186(11-21-21-21-21-11-11-11-11-11-11-11-11-1	49191 91144))!!! !!! 8	1197 9111 (1191	
10294 SW 139TH PLACE 10294 SW 139TH PLACE									Date Incorporated or Qualified				
MIAMI FL 33186 MIAMI FL 33186									11/09/1995				
								4	- FEI Number	- L	Ap	plied For	
					\bot	65-0652519		No	t Applicable				
Principal Place of Business				2a. Mailing Address				5	5. Certificate of Status Desired			Additional	
Suite And # pto				Suite, Apt. #, etc.								gulred	
Suite, Apt. #, etc.				27				Б	B. Election Campaign Financing Trust Fund Contribution		.00 h ded to	May Be	
City & State				City & State				+,	Is this nonprofit corporation a homeowr				
23				28				Yes No					
Zip	Country			Zip		1ry		8	. This corporation owes or has paid the	current ye	ar Inte	angible	
24	25		29			30			Personal Property Tax due June 30.	Yes Yes		No	
	9. Name	and Address of Cur	rent Regis	tered Agent	——I.			10	D. Name and Address of New Registers	d Agent			
					, P	31	Name						
VITE, IGNACIO					ε	82 Street Ac			(P.O. Box Number is Not Acceptable)				
10294 SW 139TH PLACE MIAMI FL 33186						83						···-	
MIAMIT	L 33 186				ľ	~		_					
						14	City		F	85	Zip C	Code	
11. Pursuant	to the provis	ions of Sections 617.0	502 and 6	17.1508 Florida Stati	ites, the abo	NB	-named corr	oorati			aina ite	s registered	
office or r	egistered ag	gent, or both, in the Sta ith, and accept the ob	ate of Florid	da. Such change was	authorized	by	the corpora	tion's	ion submits this statement for the purpose board of directors. I hereby accept the a	ppointme	ntasi	registered	
SIGNATURE		in, and booch the on	iiganono o	, 00011071077.0000, 1	ionad oldio	(00	•						
	Signature, typed	or printed name of registered			the same and	Ager	nt signature requi	ired whe					
12.	-	OFFICERS /	AND DIREC		13.				ADDITIONS/CHANGES TO OFFICERS A				
TITLE	PD			☐ DÉLETE	1.1 THTL					L Cha	ange	☐ Addition	
NAME	***************************************			1 "			1.2 NAME						
STREET ADDRESS 10294 SW 139TH PLACE CITY-ST-ZIP MIAMI FL 33186							1.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	VPD	L 33 100		100 100 100 100			1.4 C/TY-ST-ZIP 2.1 TITLE			☐ Cha	20/12	Addition	
NAME	AVEGNO, JOSE						2.2 NAME			الله الله	ungo	الانتانان ب_	
STREET ADDRESS		W 139TH PLACE					2.3 STREET ADDRESS						
CITY-ST-ZIP	5 N 4 5 A 1 C 2						T-ZIP						
TITLE	7						3.1 TITLE			☐ Cha	ange	Addition	
NAME	FEIJOO, JUAN			3.2			3.2 NAME				-		
STREET ADDRESS	11859 S	SW 19TH TERR #12	7		3.3 STRI	EET .	ADDRESS						
CITY-ST-ZIP	MIAMI F	<u>L</u>			3.4. CIT	Y-5	T-ZIP						
TITLE	TD			☐ DELÉTE	4.1 TITL				-	☐ Cha	ange	Addition	
NAME		, MARIA	_		4. 2 NAN	ΛE							
STREET ADDRESS		W 19TH TERR #12	27				ADDRESS						
CITY - ST - ZIP	MIAMI F	L		Dr. ere	4.4 CITY		I- ZIP			<u> </u>		Laan.	
TITLE	S	ALFOEDO		☐ DELETE	5.1 TITL					☐ Cha	ange	Addition	
NAME		OO, ALFREDO	,		5.2 NAM								
STREET ADDRESS 12035 SW 19TH TERR #42 CITY-ST-ZIP MIAMI FL 33175				<u> </u>			3 STREET ADDRESS						
CITY-ST-ZIP TITLE	S S	L 331/3		☐ DELETE	5.4 CITY 6.1 TITL		1-ZIP			Cha	anne	Addition	
NAME		OO. LAURA			6.2 NAM					ال ال	a igo	raudon	
STREET ADDRESS 12035 SW 19TH TERR #42						6.3 STREET ADDRESS							
J		and the state of t			E 0.0 0 Inc								

14. I hereby certify that the information supplied with this filling 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.