

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90005 022 ****61.25

0035297

DOCUMENT # N95000006061

1. Corporation Name

POR LOS NINOS DEL PADRE MARCOS, CORP.

607289 - 90005 - 22

Principal Place of Business

14821 SW 43 TERRACE
MIAMI FL 33185

Mailing Address

14821 SW 43 TERRACE
MIAMI FL 33185



2. Principal Place of Business

21 15111 SW 43 LANE

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33185

Country

2a. Mailing Address

26 15111 SW 43 LANE

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip

29 33185

Country

30

3. Date Incorporated or Qualified

12/27/1995

4. FEI Number

65-0633539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TORRES, JOSE
1120 SW 122 AVENUE
MIAMI FL 33184

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME SANCHEZ, ANA LORENA
STREET ADDRESS 14821 SW 43 TERRACE
CITY-ST-ZIP MIAMI FL 33185

TITLE VD ☐ DELETE
NAME FUENMAYOR, GULIERMINA
STREET ADDRESS 537 MINORCA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE TD ☐ DELETE
NAME DEBRICENO, MILAGRO V
STREET ADDRESS 13222 SW 87 TERR.
CITY-ST-ZIP MIAMI FL 33183

TITLE SD ☐ DELETE
NAME JIMENEZ, THELVA
STREET ADDRESS 1601 SW 126 PLACE
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)