FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000002445 (2) POCUMENT #

THE SOUTHWEST MIAM! SENIOR HIGH SCHOOL ALLIMNI AS

SOCIATION, INC.								
Principal Place of Business 8855 S.W. 50TH TERRACE MIAMI FL 33165		Mailing Address 9360 SUNSET DR #287 MIAMI FL 33173		4 (BB)((B) B)B (B)(B B)((I BB(I) BB(I)		IDALO IIDH OIBII D)1861 BIII (681	
				3. Date Incorporated or Qualified 05/07/1996				
					65-0664500		- 1	pplied For ot Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired		\$8.75	Additional	
21 Suite, Apt	. #. etc.	Suite, Apt. #, etc.			& Flastica Compaign Flagration			equired
22		27		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
City & Sta	te	City & State			7. Is this nonprofit corporation a h	omeowne		
23		28					□ No	
Zip	Country 25	Zip	Countr 30	У	8. This corporation owes or has p	aid the cu		
24	9. Name and Address of Cu	rrent Registered Agent	30		Personal Property Tax due June 10. Name and Address of New Re		-	_J No
	_		81	Name				
BROWN	, esteban		82	Stroot Add	dress (P.O. Box Number is Not Accepta	blo\		
9360 SUNSET DRIVE			02	Stieet Add	dress (P.O. Box Number is Not Accepta	DIB)		
#287			83					
MAMI FL 33173			84	City	· · · · · · · · · · · · · · · · · · ·		85 Zip	Code
44 6				'		<u> </u>	_ 1'' '	
office or	to the provisions of Sections 617. regi ste red agent, or both, in the Si	0502 and 617.1508, Florida Stat c ate of Florida. Such change was	utes, the abov authorized b	e-named cor y the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	ourpose o	of changing it pointment as	is registered registered
	am lamiliar with, and accept the of	oligations of, Section 617.0503, F	Torida Statute	S.	•			
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NC	TE: Registered Ag	eni sionalure recu	uired when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		D DIRECTOR	IS IN 12
TITLE	D	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	SWINDLE, CECIL		1.2 NAME					
STREET ADDRESS	7905 SW 86TH ST		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33145		1.4 CITY-5	ST-ZIP				
TITLE	D	☐ DELETÉ	2.1 TITLE				Change	Addition
NAME	MCCOY, DAVID		2.2 NAME					
STREET ADDRESS 4905 SW 111TH AVE			2.3 STREE		·			
CITY-ST-ZIP TITLE	MIAMI FL 33165			ST-ZIP			I Obsessed	T takking
NAME	T	ביין הכנכונ	3.1 TITLE				L Change	Addition
STREET ADDRESS	RIO, TOMAS P.O. BOX 650639 N/A		3.2 NAME	4000000				
CITY-ST-ZIP	MIAMI FL 33165		3.3 STREET 3.4. CITY - 2	i				
TITLE	D	DELETE	4.1 TITLE	51-2Ir		•	Change	Addition
NAME	SAVANELLO, CAROL		4. 2 NAME	ļ				7100111011
STREET ADDRESS	8731 SW 43RD TERR		4.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33165		4.4 CITY - S					
TITLE	P	☐ DELET E	5.1 TITLE				☐ Change	☐ Addition
NAME	EIRIZ, JOSE V		5.2 NAME				· • ·	
STREET ADDRESS	3958 ESTEPONA AVE		5.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33178		5.4 CITY - S	i				
TITLE	V	☐ DELETE	6.1 TITLE				Change	Addition
NAME	SIEGEL, MARK		62 NAME					
STREET ADORESS	17104 SW 79TH COURT		6.3 STREET	ADDRESS				
CITY-ST-7IP	MIAMI EL 33157	,	64 OffV. C	T 700				

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 of 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 of 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 changer a company with an address.

SIGNATURE:

FILED

Mar 06 1998 8:00am

Secretary of State