

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N9600002445

THE SOUTHWEST MIAM! SENIOR HIGH SCHOOL ALUMN! AS SOCIATION, INC.

Princ	ipal i	Place	of	Business	
	~ 141	COTI			

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

8855 S.W. 50TH TERRACE MIAMI FL 33165

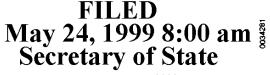
9360 SUNSET DR #287

MIAMI FL 33173

2a. Mailing Address

Suite, Apt. #, etc.

26



05-24-1999 90016 006 ****61.25

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Applied For

3. Date Incorporated or Qualifed

05/07/1996

4. FEI Number

22		27					i	65-06645 00		Not	t Applicable		
City & Sta	City & State		City & State		5	. Certifcate of Status Desired		\$8.75 A					
23		28	-a:	0-1							··		
Zip	Country		Zip		intry		6	Election Campaign Financing		\$5.00	•		
24	25	29		30			-J ₋₁₀	Trust Fund Contribution	Pagistared :	Added to	5 Fees		
	9. Name and Address of Curre	nt Kegis	terea Agent		81	Name	10	Name and Address of New	Kedistalen	-yent			
	.•				"'	Name				_			
BROWN,	ESTEBAN				82 Street Address (P.O. Box Number is Not Acceptable)								
9360 SUNSET DRIVE													
#287	•				83								
MIAMI FL	33173				84 City 85 Zip Code								
}			_			•			FL	.]			
11. Pursuant	to the provisions of Sections 617.050	2 and 6	17.1508, Florida	Statutes, the a	bove	-named corp	oratio	on submits this statement for the	e purpose of	changing its	registered		
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obligation	or Floric stions of	a. Such change , Section 617.050	was aumonzeo 3, Florida Stat	utes.	uie corporatio	UIISD	opara or allectors. I hereby acco	spruie appoil	milent as led	jiatarou		
ļ <u> </u>		,		_									
SIGNATURE	Signature, typed or printed name of registered age	int and title	if applicable.	(NOTE: Registered	Agent	l signature require	d when		DATE				
12.	OFFICERS AI	ND DIRE		13.				ADDITIONS/CHANGES TO O	FFICERS AN				
TITLE	D		☐ DELE	TE 1,1 TI	TLE					Change	☐ Addition		
NAME	SWINDLE, CECIL			1.2 N	AME	}							
STREET ADDRESS				1.3 \$	REET	ADDRESS							
CITY-ST-ZIP	MIAMI FL 33145			1.40	TY-ST	·ZIP							
TITLE	D		☐ DELE	TE 2.1 TI	TLE					Change	☐ Addition		
NAME	MCCOY, DAVID			2.2 N	AME	1							
STREET ADDRESS				2.3 S	FREET	ADDRESS							
CITY-ST-ZIP	MIAMI FL 33165			2.40	ITY-S	T-ZIP							
TITLE	D		☐ DELE							☐ Change	Addition		
NAME	RIO, TOMAS			3.2 N	AME.								
STREET ADDRESS	l = a' === a					ADDRESS							
CITY-ST-ZIP	MIAMI FL 33165			li i	ITY-S	l							
TITLE	D		☐ DEFE							☐ Change	Addition		
NAME	SAVANELLO, CAROL			4.21		ļ				-			
STREET ADDRESS	.					ADDRESS							
	1 '				TY-ST								
CITY-ST-ZIP	MIAMI FL 33165				_	- ZIT				☐ Change	☐ Addition		
NAME '	•		_ 566	5.1 N]				_ •	_		
	EIRIZ, JOSE V					ADDRESS							
STREET ADDRESS					TY-ST								
CITY-ST-ZIP	MIAMI FL 33178		☐ DELE					, ,, , , , , , , , , , , , , , , , , ,		Change	Addition		
TITLE	V			6.2 N									
NAME	SIEGEL, MARK					4000000							
STREET ADDRESS						ADDRESS							
	MIARIE CL 00457			■ 64 C	TY-ST	.7IP)							

In the properties of the corporation of 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: