

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**  
**May 24, 1999 8:00 am**  
**Secretary of State**

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

**DOCUMENT # N96000002445**

1. Corporation Name

**THE SOUTHWEST MIAMI SENIOR HIGH SCHOOL ALUMNI ASSOCIATION, INC.**

Principal Place of Business

8855 S.W. 50TH TERRACE  
MIAMI FL 33165

Mailing Address

9360 SUNSET DR  
#287  
MIAMI FL 33173



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

05/07/1996

4. FEI Number

65-0664500

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

**BROWN, ESTEBAN**  
9360 SUNSET DRIVE  
#287  
MIAMI FL 33173

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 ☐ DELETE

NAME **D SWINDLE, CECIL**  
STREET ADDRESS **7905 SW 86TH ST**  
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ DELETE

NAME **D MCCOY, DAVID**  
STREET ADDRESS **4905 SW 111TH AVE**  
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ DELETE

NAME **D RIO, TOMAS**  
STREET ADDRESS **P.O. BOX 650639 N/A**  
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ DELETE

NAME **D SAVANELLO, CAROL**  
STREET ADDRESS **8731 SW 43RD TERR**  
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ DELETE

NAME **P EIRIZ, JOSE V**  
STREET ADDRESS **3958 ESTEPONA AVE**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ DELETE

NAME **V SIEGEL, MARK**  
STREET ADDRESS **17104 SW 79TH COURT**  
CITY-ST-ZIP **MIAMI FL 33157**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)