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Apr 25 1997 8:00am
Secretary of State

NON PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005052

1. Corporation Name
LITA DEL REAL FOUNDATION INC

Principal Place of Business
1923 S.W 22 TERR
MIAMI FL 33145

Mailing Address
1923 S.W 22 TERR
MIAMI FL 33145

3. Date Incorporated or Qualified: 10-1-96
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: 65-0701265 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LITA DEL REAL
1923 S.W 22 TERR
MIAMI FL 33145

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	LITA DEL REAL		1.2 NAME	LITA DEL REAL	
STREET ADDRESS	1923 S.W 22 TERR.		1.3 STREET ADDRESS	1923 S.W 22 TERR	
CITY-ST-ZIP	MIAMI FL 33145		1.4 CITY-ST-ZIP	MIAMI FL 33145	
TITLE	VP	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	CONCEPCION GARCIA		2.2 NAME	CONCEPCION GARCIA	
STREET ADDRESS	1923 SW 22 TERR.		2.3 STREET ADDRESS	1923 S.W 22 TERR	
CITY-ST-ZIP	MIAMI FL 33145		2.4 CITY-ST-ZIP	MIAMI FL 33145	
TITLE	SEC	☐ DELETE	3.1 TITLE	D.	☐ Change ☑ Addition
NAME	NADINA ORTEGA		3.2 NAME	NADINA ORTEGA	
STREET ADDRESS	9424 S.W 124 CT		3.3 STREET ADDRESS	9424 S.W 124 CT	
CITY-ST-ZIP	MIAMI FL 33186		3.4 CITY-ST-ZIP	MIAMI FL 33186	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

4-25-97

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14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nadina Ortega Secretary — 4/4/97 — 305-285-4364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
NADINA ORTEGA