

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000006134 (8)

1. Corporation Name

ASOCIACION CAJAMARQUINA U.S.A., INC.

Principal Place of Business

Mailing Address

6286 S.W. 11TH STREET
MIAMI FL 33144

6286 S.W. 11TH STREET
MIAMI FL 33144

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

CACERES, FRANK
6286 S.W. 11TH STREET
MIAMI FL 33144

3. Date Incorporated or Qualified

12/03/1996

4. FEI Number

APPLIED FOR

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year
Personal Property Tax due June 30.

☐ Yes ☒ No

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 of officer or director of corporation or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07/04/98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CACERES, FRANK
STREET ADDRESS 6286 S.W. 11 ST.
CITY-ST-ZIP MIAMI FL 33144

☐ DELETE

TITLE VD
NAME BARON, WALTER
STREET ADDRESS 801 N. 72 TERRACE
CITY-ST-ZIP HOLLYWOOD FL

☒ DELETE

TITLE SD
NAME URRACA, GLADYS
STREET ADDRESS 18830 S.W. 92 AVE.
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE TD
NAME DIAZ, MERCEDES
STREET ADDRESS 2955 S.W. 8 ST.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME ABANTO, MARIO
STREET ADDRESS 9500 S.W. 95 AVE.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME DIAZ, MARCO
STREET ADDRESS 2955 S.W. 8 STREET
CITY-ST-ZIP MIAMI FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD
1.2 NAME ~~BERNARD~~ REYES, BERTHA
1.3 STREET ADDRESS 1901 S.W. # 202
1.4 CITY-ST-ZIP MIAMI-FL. 33155

☒ Change ☐ Addition

2.1 TITLE D
2.2 NAME ABANTO, UBALDO
2.3 STREET ADDRESS 9500 S.W. 95 AVE.
2.4 CITY-ST-ZIP MIAMI-FL. 33155

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/04/98 305-264-3291

APPROVED
AND
FILED

98 AUG 26 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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