FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N9700000219 (2)

THE VICTOR I. LOPEZ FOUNDATION FOR THE BADEN POW FIT HOUSE IN MIAMI, INC.

FILED May 14 1998 8:00am Secretary of State

1 10011101 010 1	 BRLIT BAILT RAILT I	10.1.0 116.0 116.0 1011 1001

PPT 1100AT 111 (111) 1110.							
Principal Place of Business Mailing Address						1 18814461 816 1611 16611 86415 86415 86415 86415 86410 64410 15481 11616 1611 1601	
2019 S.W. 16 ST	TREET	2019 S.W. 16	2019 S.W. 16 STREET			3. Date incorporated or Qualified	
MIAMI FL 33145		MIAMI FL 331	MIAMI FL 33145			01/09/1997	
							4. FEI Number Applied For
							65-0731352 Not Applicable
2. Principal Place of Business		2a. Mailing /	2a. Mailing Address				5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc.			Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22		27				Trust Fund Contribution	
City & State			City & State			7. Is this nonprofit corporation a homeowners association?	
23		28	28			☐ Yes 🕱 No	
Zip	Country	Zip		Cou	Country		8. This corporation owes or has paid the current year Intangible
24	25	29		30			Personal Property Tax due June 30.
	9. Name and Address of Curre	nt Registered Ag	ent		= - 1		10. Name and Address of New Registered Agent
					81	Name	Ð
LOPEZ, \	VICTOR I				82 Street Address (P.O. Box Number is Not Acceptable)		t Address (P.O. Box Number is Not Acceptable)
2019 S.W. 16 STREET							
MAMI FL 33145					83		
					84	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 617.050	02 and 617.1508,	Florida Statute	es, the at	oove	-named	d corporation submits this statement for the purpose of changing its registered
office or re agent. I a	e gister ed agent, or both, in the State m fa miliar with, and accept the oblig	e of Florida. Such jations of, Section	change was a 617.0503, Fid	authorizeo orida Stat	d by utes	the corp	orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE _	Signature, typiid or printed name of registered ag	not and title it applicable	(NOT	F: Benisterer	1 Azın	nt signatura	re required when reinstating) DATE
12.		ID DIRECTORS	(15)	13.	, ngo	, organical or	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 11	TLE		S Change Addition
NAME	VAZQUEZ, LEOPOLDO			1.2 NA	ME		VAZQUEZ, LEOPOLDO
STREET ADDRESS 2140 S.W. 9 STREET				1.3 STREET ADDRESS 2		ADDRESS	2140 S.W. 9 STREET
CITY-ST-ZIP	MIAMI FL 33135			1.4 CI	TY-S	T-ZIP	MIAMI, FL. 33135
TITLE	D		DELETE	2.1 71	_		V
NAME	Tamana amusas			2.2 NA			GARCES, VIVIAN
STREET ADDRESS				2.3 STREET A		ADDRESS	1411 MILAN AVENUE
CITY-ST-ZIP	COOL CARLED EL COACA			2 4 CITY-S		ST-ZIP	CORAL GABLES, FL. 33134
TITLE	Ď		DELETE	3.1 TI	TLE		P/C X Change Addition
NAME LOPEZ, VICTOR IVAN		3.2 N/			LOPEZ, VICTOR IVAN		
STREET ADDRESS 2019 S.W. 16 STREET		3.3 ST	3.3 STREET ADDRESS 2		2019 S.W. 16 STREET		
CITY-ST-ZIP			3.4. C	ITY-S	ST-ZIP	MIAMI FL. 33145	
TITLE			DELETE	4.1 TJ	TLE		T Change X Addition
NAME				4. 2 N	AME		LOPEZ, CATHERINE 2019 SW 16 STREET
STREET ADDRESS	REET ADDRESS		4.3 ST			MIAMI FL., 33145	
CITY-ST-ZIP				4.4 CI	_	T-ZIP	
TITLE		[DELETE	5.1 TI	TLE		D Change Addition
NAME				5.2 N	5.2 NAME ANTONIO M. HERNANDEZ		1
STREET ADDRESS		5.3 \$1	R 3.5 STREET MIZURESS I		S 9292 JARMAN LN. # 1123 NEW PORT RICHIE, Ft. 34668		
CITY-ST-ZIP				5.4 CI	_	T-ZIP	
TITLE		[DELETE	6.1 Ti			D Change Ly Addition
NAME							MARIANO DOMINGUEZ
STREET ADDRESS				6.3 ST	REET	ADDRESS	S 6450 SW 135 AVE MIAMI FL., 33183
CITY-ST-ZIP		10. 11. 12.		6.4 CI			
14. I haraby c	ertity that the information supplied u	with this filing does	s not quality fo	or the exe	amn	uon state	ated in Section 119.07(3)(i). Florida Statutes. I further certify that the information

indicated on this annual report or supplied with this limit does not qualify for the exemption stated in Section 178.07(3)(), Florida Statutes. Turting dentities from the 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 oad under

VICTOR IVAN LOREZ PRESIDENT/CHA