

4/28/98

FILE NOW: FILING FEE IS \$61.25

B-5826 C

FILED

Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000002616 (7)**  
1. Corporation Name  
**CENTRO DE ARTES Y OFICIOS DE LA SALLE INC.**



Principal Place of Business <b>4050 SW 134TH AVE MIAMI FL 33175</b>	Mailing Address <b>4050 SW 134TH AVE MIAMI FL 33175</b>
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3. Date Incorporated or Qualified <b>05/08/1997</b>	
4. FEI Number <b>65-0759494</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>31250 SW 134th Ave</b>	2a. Mailing Address 26 <b>31250 SW 134th Ave.</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>Homestead, FL</b>	City & State 28 <b>Homestead, FL</b>
Zip 24 <b>33030</b>	Country 25 <b>U.S.A.</b>
Country 29 <b>U.S.A.</b>	Zip 30 <b>33030</b>

9. Name and Address of Current Registered Agent

**DORADO, JOSE M**  
**4050 SW 134TH AVE**  
**MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.002 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]* **JOSE M. DORADO** **4/21/98**  
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	DP	<input type="checkbox"/> DELETE
NAME	<b>DORADO, JOSE M</b>	
STREET ADDRESS	<b>4050 SW 134TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	<b>MANZANERO, MIGUEL</b>	
STREET ADDRESS	<b>5801 COLLINS AVE APT 917</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	<b>ERVITI, GUSTAVO A</b>	
STREET ADDRESS	<b>2700 SW 98TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DVP Javier Careaga</b>
4.3 STREET ADDRESS	<b>9600 SW 8th Street Ste 26</b>
4.4 CITY-ST-ZIP	<b>Miami, FL 33174</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>DVT Elsa Lopez</b>
5.3 STREET ADDRESS	<b>12754 SW 44th Ter.</b>
5.4 CITY-ST-ZIP	<b>Miami FL 33175</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>DVS Raul J. Santiago</b>
6.3 STREET ADDRESS	<b>12802 SW 45th Ter.</b>
6.4 CITY-ST-ZIP	<b>Miami FL 33175</b>

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]* **JOSE M. DORADO** **4/21/98 (305) 552-5336**

CR2E037 (10/97)