FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N97000002670 (4)

SAN PABLO MISSION, INC.

FILED Apr 10 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						TO SERVICE OF THE POST OF THE SERVICE OF THE SERVIC
571 S.W. 71ST COURT MIAMI FL 33144		571 S.W. 71ST COURT MIAMI FL 33144				3. Date Incorporated or Qualified
						05/12/1997
Į.						4. FEI Number Applied For
					31-1546526 Not Applicable	
2. Principal Place of Business 2a. Mailing A 26			oddress			Certificate of Status Desired Sa.75 Additional Fee Regulred
Suite, Apt. #, etc. Suite, Apt. #,			tc.			6. Election Campaign Financing \$5.00 May Be
22	27				Trust Fund Contribution Added to Fees	
City & State	6 	City & State				7. Is this nonprofit corporation a homeowners association? Yes You No
Zip	Country Zip		Cou	Country		8. This corporation owes or has paid the current year Intangible
24			30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
Į				81 Name		
SEMET LICKSTEIN BERGER BROOKE & GORDON, PA 201 ALHAMBRA CIRCLE				82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 1			83			
CORAL GABLES FL 33134				84	City	85 Zip Code
31 Discussion	to the annulations of Continue 617.050	0 and C17 1500 Florida Cta	tidaa tha at			CL
office or r	egistered agent, or both, in the State	of Florida. Such change wa	as authorized	d by	the cor	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
agent.la	m familiar with, and accept the obliga	ations of, Section 617.0503,	, Florida Stat	utes	S.	
SIGNATURE .	Signature, typed or printed name of registered age	A see of State of See o	NOTE D	7 4		ure required when reinstating) DATE
12.	OFFICERS AND		13.	ı Ağe	int signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 Ti	TIF		☐ Change ☐ Addition
NAME				1,2 NAME		
STREET ADDRESS	571 S.W. 71ST COURT				ADDDECC	
CITY-ST-ZIP MIAMI FL 33144				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		'
TITLE	VD	DELETE		2.1 TITLE		☐ Change ☐ Addition
NAME				2.2 NAME		
						,
8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		,
CITY-ST-ZIP TITLE	D	DELETE	2.40 3.1 Ti		51-211	Change Addition
NAME	JUAREZ, TULIO CESAR		_			- Village - E Tourist
				3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS	AMAN MA ANALA					,
CITY-ST-ZIP				3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
HAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		š
CITY-ST-ZIP				4.4 CITY-ST-ZIP		Change Addition
TITLE				5.1 TITLE		C Shange C Addition
NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			5.2 NAME		
STREET ADDRESS 571 S.W. 71ST COURT			5.3 STREET ADDRESS		š	
CITY-ST-ZIP	MIAMI FL 33144	- Other	5.4 CI		T-ZIP	Change Addition
TITLE		☐ DELETE	6.1 TI			Change Addition
382864 8	1		■ c240	LASE		

6.3 STREET ADDRESS

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 suppliemental 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 trends or on an attachment with an address.