FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700003172

Country

1. Corporation Name

ASOCIACION CIVIL PRO NINO INTIMO, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip

Mailing Address

12245 S.W. 132ND COURT MIAMI FL 33186 12245 S.W. 132ND COURT MIAMI FL 33186

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

FILED May 06, 1999 8:00 am § Secretary of State

05-06-1999 90177 008 ****61.25

-	SELLI BELLI BELLI BELLI BULDE	!! 0 1 0

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

06/02/1997

4. FEI Number 65-0758993

PROCH, HUGO 0 1224S S.W. 132ND COURT MAMI FL 33186 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 agent, are both, in the State of Florida. Such changes subthinised by the companion of Sections 617,0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing. its registered agent. I am finally with, and except the obligation of, Section 617,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing. its registered agent. I am finally with, and except the obligation of, Section 617,0505, Florida Statutes, the above-named corporation's board of directors. I hereby except the appointment as registered agent and the registered agent agent and the registered agent agent and the registered agent ag	24	25	29		0				Trust Fun	a Contrib	unon			Added I	o rees
ERROCH, HUGO 0 12245 S.W. 132ND COURT MIAMI FL 33186 44 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE PD D DELETE 11. TITLE PD D STREET ADDRESS 12.4 S.W. 132ND COURT 12. STREET ADDRESS 12.4 S.W. 132ND COURT 13. STREET ADDRESS 14. STREET ADDRESS 15. STREET ADDRESS 17. ST.ZP 18. STREET ADDRESS 18. STREET ADDRESS 19. STREET ADD		9. Name and A	ddress of Current Regist	ered Agent				10.	Name an	d Addres	s of New	Registere	d Ager	ıt	
12245 S.W. 132ND COURT MIAMI FL 33186 88 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 107.050, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE PD INME PROCH, HUGO 0 ISTRETADORSS 12.45 S.W. 132ND COURT ISTRETADORSS ITELE VD INME MASIAS, ALBERTO ITELE VD INME STRETADORSS ITELE STD OTINIANO, LUIS M STRETADORSS ITELE STD OTINIANO, LUIS M STRETADORSS ITELE STD OTINIANO, LUIS M STRETADORSS ITELE ASTRETADORSS ITELE STRETADORSS STR					81	N	lame								
12245 S.W. 132ND COURT MIAMI FL 33186 88 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 107.050, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE PD INME PROCH, HUGO 0 ISTRETADORSS 12.45 S.W. 132ND COURT ISTRETADORSS ITELE VD INME MASIAS, ALBERTO ITELE VD INME STRETADORSS ITELE STD OTINIANO, LUIS M STRETADORSS ITELE STD OTINIANO, LUIS M STRETADORSS ITELE STD OTINIANO, LUIS M STRETADORSS ITELE ASTRETADORSS ITELE STRETADORSS STR	ERROCH HUGO O				82	+-	treet Addr	ess (P	O Box N	umber is	Not Accer	ntable)			
MIAMI FL 33186 Sa			r		02	~	All DOL Flags		.0. 00. 11	Q111001 10 1					
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 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADVIS TO THE CONTROL OF THE ADDITIONS OF THE AD				83					·						
T. Pursuant to the provisions of Sections 617.0502 and 617.1509. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 617,0503, Florids Statutes. SIGNATURE SIGNATURE T. OFFICERS AND DIRECTORS TILL OFFICERS AND DIRECTORS TILL OFFICERS AND DIRECTORS TILL OFFICERS AND DIRECTORS TILL TILL DELETE 11. TILL DELETE 12. NAME ERROCH, HUGO 0 12.245 S.W. 132ND COURT 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME TILL TILL DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILL CITY-51-2P MIAMI FL 33186 14. CITY-51-2P TILL OTNIANO, LUIS M STREET ADDRESS CITY-51-2P MIAMI FL 33186 DELETE 31. TILL Change Addition Addition AND TILL STREET ADDRESS CITY-51-2P TILL OTNIANO, LUIS M STREET ADDRESS CITY-51-2P TILL OTNIANO DELETE STREET ADDRESS CITY-51-2P TILL OTNIANO STREET ADDRESS CITY-51-2P TILL OTNIANO STREET ADDRESS STREET ADDRESS CITY-51-2P TILL OTNIANO STREET ADDRESS CITY-51-2P TILL STREET ADDRESS CITY-51-2P TILL STREET ADDRESS	1110 att 1 C	40100			94	<u> </u>	N4.						0.0	7in C	`ode
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 in familiar with, and accept the obligations of, Section 617.0503, Florida Statute. Signature					84	'	ny					F	L 🏻	200	,008
12.	office or r	egistered agent, or	both, in the State of Florid	a. Such change was auth	norized by	the	amed corporation	oration on's bo	submits to	his staten ectors. I h	nent for the ereby acc	e purpose ept the app	of chan ointme	ging its nt as reg	registered pistered
12.	SIGNATURE														
PD		Signature, typed or printe			<u> </u>	ntsig	nature required			OZČUANIC	CER TO C		ND DI	DECTO	DC IN 12
TITLE STD DELETE 1.1 TITLE STD DELETE 1.1 TITLE STREET ADDRESS 1.2 S.W. 132ND COURT 1.2 NAME 1.2 STREET ADDRESS 1.2 S.W. 132ND COURT 1.3 STREET ADDRESS 1.4 GTTV-ST-ZIP 1.5 STREET ADDRESS 1.5 S.W. 132ND COURT 1.5 STREET ADDRESS 1.5 STREET ADDRESS 1.5 S.W. 132ND COURT 1.5 STREET ADDRESS 1.5 S.W. 132ND COURT 1.5 STREET ADDRESS 1.5 STREET ADDRESS 1.5 S.W. 132ND COURT 1.5 STREET ADDRESS 1.5 STREET ADDR	12.		OFFICERS AND DIRE		1			Α	ADDITION	S/CHANG	5ES 10 C	FFICERS /			
STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 11 CITY-ST-ZIP MASIAS, ALBERTO STREET ADDRESS TITLE MASIAS, ALBERTO 22 NAME MASIAS, ALBERTO 22 NAME MASIAS, ALBERTO 22 NAME MASIAS, ALBERTO 23 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 11 CITY-ST-ZIP MAMI FL 33186 12 CITY-ST-ZIP MAMI FL 33186 12 CITY-ST-ZIP MAMI FL 33186 13 STREET ADDRESS CITY-ST-ZIP MAMI FL 33186 14 CITY-ST-ZIP MAMI FL 33186 15 CITY-ST-ZIP MAMI FL 33186 16 CITY-ST-ZIP MAMI FL 33186 17 CITY-ST-ZIP MAMI FL 33186 18 CITY-ST-ZIP MAMI FL 33186 19 Change Addition A	TITLE	1		[] DELETE	1								الـا	Shange	☐ Addition
TITLE VD DELETE 21TITLE Change Addition NAME MASIAS, ALBERTO 22 NAME STREET ADDRESS 12245 S.W. 132ND COURT 23 STREET ADDRESS CITY-ST-ZIP TITLE STD DELETE 31 TITLE Change Addition NAME OTNINANO, LUIS M 32 NAME 32 NAME 12245 S.W. 132ND COURT 33 STREET ADDRESS 11245 S.W. 132ND COURT 1124 S.W. 132ND	NAME	1			1.2 NAME										
TITLE VD DELETE 2.1 TITLE	STREET ADORESS	, . ,			1.3 STREE	T ADX	DRESS								
MASIAS, ALBERTO STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 STD OTINIANO, LUIS M STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 OTINIANO, LUIS M STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 OTINIANO, LUIS M STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 OTINIANO, LUIS M STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 OELETE A1TITLE A2 NAME A1 STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS GA CITY-ST-ZIP TITLE STREET ADDRESS GA CITY-ST-ZIP STREET ADDRESS GA CITY-ST-ZIP STREET ADDRESS GA CITY-ST-ZIP STREET ADDRESS GA CITY-ST-ZIP STREET A	CITY-ST-ZIP	MIAMI FL 33186			1.4 CITY-S	T-ZIF	<u> </u>								
STREET ADDRESS CITY-ST-ZIP TITLE STD DELETE STREET ADDRESS CITY-ST-ZIP TITLE STD DELETE STREET ADDRESS TREET ADRESS TREET ADDRESS TREET ADDRES	TITLE	VD		☐ DELETE	2.1 TITLE									Change	☐ Addition
CITY-ST-ZIP	NAME	Masias, Alber	RTO		2.2 NAME										
TITLE STD DELETE 3.1 TITLE Addition NAME OTINIANO, LUIS M STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 TITLE ALTITUE ALTITUE ALTITUE ALTITUE ADDRESS CITY-ST-ZIP ALTITUE ALTITUE ALTITUE ADDRESS CITY-ST-ZIP ALTITUE ALTITUE ALTITUE ADDRESS CITY-ST-ZIP ALTITUE ALTITUE ALTITUE ALTITUE ADDRESS CITY-ST-ZIP ALTITUE ALTITUE ALTITUE ALTITUE ADDRESS CITY-ST-ZIP ALTITUE ALTITUE ALTITUE ADDRESS CITY-ST-ZIP ALTITUE ADDRESS CITY-ST-ZIP ALTITUE ALTITUE ADDRESS CITY-ST-ZIP ALTITUE	STREET ADDRESS	12245 S.W. 132	IND COURT		2.3 STREE	T ADI	DRESS								
NAME OTINIANO, LUIS M 32 NAME 3245 S.W. 132ND COURT 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 3.4 CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE	CITY-ST-ZIP	MIAMI FL 33186			2. 4 CITY-5	ST-ZI	P					-4			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREE	TITLE	STD		☐ DELETE	3.1 TITLE									Change	Addition
CITY-ST-ZIP MIAMI FL 33186 34. CITY-ST-ZIP TITLE NAME 4.1 TITLE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition 6.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition 6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP TITLE THE CHANGE Addition 6.1 TITLE CHANGE Addition 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP TITLE THE CHANGE Addition 6.3 STREET ADDRESS CITY-ST-ZIP TITLE THE CHANGE Addition 6.3 STREET ADDRESS CITY-ST-ZIP TITLE THE CHANGE Addition 6.4 CITY-ST-ZIP TITLE THE CHANGE Addition 6.5 NAME 6.5 STREET ADDRESS CITY-ST-ZIP TITLE THE CHANGE	NAME	OTINIANO, LUIS	6 M		3.2 NAME										
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 6.1 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 6.4 CITY-ST-ZIP 14. L 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	STREET ADDRESS	12245 S.W. 132	ND COURT		3.3 STREE	TAD	DRESS								
NAME STREET ADDRESS 4.2 NAME 4.2 NAME STREET ADDRESS CITY- ST- ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE DELETE 5.3 STREET ADDRESS CITY- ST- ZIP TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE DELETE 6.2 NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP 14. 1 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	CITY-ST-ZIP	MIAMI FL 33186	3		3.4. CMY-S	ST-ZI	P _								
STREET ADDRESS CITY-ST-ZIP ### Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ### Addition STREET ADDRESS CITY-ST-ZIP ### DELETE ### Addition STREET ADDRESS CITY-ST-ZIP ### Addition #	TITLE			☐ DELETE	4.1 TITLE									Change	☐ Addition
CITY-ST-ZIP A4 CITY-ST-ZIP	NAME				4. 2 NAME										
TITLE	STREET ADDRESS	-			4.3 STREE	TAD	DRESS								
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE CAME STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. 1 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	CiTY-ST-ZIP				4.4 CITY-S	7- ZIF	Р .								
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE CAME 6.2 NAME STREET ADDRESS CITY-ST-ZIP 14. 1 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				☐ DELETE	5.1 TITLE									Change	☐ Addition
5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 14. 1 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	NAME				5.2 NAME										
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 6.5 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 STREET ADDRESS 6.4 CITY-ST-ZIP 1.4. 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	STREET ADDRESS				5.3 STREE	TADI	DRESS								•
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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	CITY-ST-ZIP	ļ			5.4 CITY-S	T-ZIF	p					_			
STREET ADDRESS CITY-ST-ZIP 14. 1 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				☐ DELETE	6.1 TITLE									Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP 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	NAME				6.2 NAME										
64 CITY-ST-ZIP 14. 1 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		J			6.3 STREE	TAD	DRESS			•					
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		\			6.4 CITY-S	ST-ZIF	p								
	14. I hereby o	certify that the infor	mation supplied with this fil	ing does not qualify for th	ne exempt	ion	stated in S	Section	119.07(3)(i), Florid	a Statutes	s. I further o	ertify th	at the in	nformation

Country

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it 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 address, with all other-like empowered.

SIGNATURE:

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/24 / 19 Daytime Phone # **~2E037 (11/98)**

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable