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FILED  
May 18 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 # **N97000004391 (5)**

1. Corporation Name

**ALIANZA DOMINICANA DE LA FLORIDA, INC.**

Principal Place of Business <b>9355 SOUTHWEST 93 PLACE MIAMI FL 33176</b>	Mailing Address <b>9355 SOUTHWEST 93 PLACE MIAMI FL 33176</b>
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3. Date Incorporated or Qualified

**08/01/1997**

4. FEI Number

**65-0773581**

Applied For  
Not Applicable

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

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 Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANTUN, RAFAEL  
9355 SOUTHWEST 93RD PLACE  
MIAMI FL 33176**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ANTUN, RAFAEL</b>	
STREET ADDRESS	<b>9355 SOUTHWEST 93RD PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	

1.1 TITLE	<b>P &amp; DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RAFAEL ANTUN</b>	
1.3 STREET ADDRESS	<b>9355 SW 93 PL</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33176</b>	

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HERRERA, MARIA</b>	
STREET ADDRESS	<b>11445 SOUTHWEST 74TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	

2.1 TITLE	<b>S &amp; DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MAYDA C. ANTUN</b>	
2.3 STREET ADDRESS	<b>9355 SW 93 PL.</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL. 33176</b>	

TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZAJTER, JOSE</b>	
STREET ADDRESS	<b>9744 NORTHWEST 37TH TERRACE</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	

3.1 TITLE	<b>T &amp; DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>YUNIS SEGURA</b>	
3.3 STREET ADDRESS	<b>9240 FOUNTAINBLEU BLVD., APT. 509</b>	
3.4 CITY-ST-ZIP	<b>MIAMI, FL. 33172</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	<b>VP &amp; DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>AMPARO TABADA</b>	
4.3 STREET ADDRESS	<b>1117 SW 141 AVE.</b>	
4.4 CITY-ST-ZIP	<b>MIAMI, FL 33184</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<b>VP &amp; DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>MIGUEL GOMEZ</b>	
5.3 STREET ADDRESS	<b>14187 SW 72 ST.</b>	
5.4 CITY-ST-ZIP	<b>MIAMI, FL. 33183</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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:

*Mayda C. Antun*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0033213

(305) 774-2528

CR2E037 (10/97)