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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004391

1. Corporation Name

ALIANZA DOMINICANA DE LA FLORIDA, INC.

Principal Place of Business
9355 SOUTHWEST 93 PLACE
MIAMI FL 33176

Mailing Address
9355 SOUTHWEST 93 PLACE
MIAMI FL 33176



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/01/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0773581	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

ANTUN, RAFAEL
9355 SOUTHWEST 93RD PLACE
MIAMI FL 33176

10. Name and Address of New Registered Agent

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTUN, RAFAEL	1.2 NAME	
STREET ADDRESS	9355 SOUTHWEST 93RD PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTUN, MAYDA C	2.2 NAME	
STREET ADDRESS	9355 SW 93 PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGURA, YUNIS	3.2 NAME	TD SEGURA, YUNIS
STREET ADDRESS	9240 FOUNTAINBLEU BLVD, APT 509	3.3 STREET ADDRESS	11259 S.W. 33 Circle Place
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	MIAMI, FL. 33165
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TABOADA, AMPARO	4.2 NAME	
STREET ADDRESS	1117 SW 141 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33184	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, MIGUEL	5.2 NAME	VPD GOMEZ, MIGUEL
STREET ADDRESS	14187 SW 72 ST	5.3 STREET ADDRESS	9500 SW 184 ST.
CITY-ST-ZIP	MIAMI FL 33183	5.4 CITY-ST-ZIP	MIAMI, FL. 33157
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Miguel Gomez*

4/12/99 305 774-2528

CR2E037 (11/98)

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ATTACHED SHEET
NONPROFIT CORPORATION ANNUAL REPORT
1999

Alianza Dominicana de la Florida, Inc.
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: Director
NAME: Amy Weber
STREET ADDRESS: 333 University Drive, Apt. 131
CITY-STATE-ZIP: Coral Gables, Florida 33134

TITLE: Director
NAME: Pablo Rodriguez
STREET ADDRESS: 8564 N.W. 8th Street
CITY-STATE-ZIP: Miami, Florida 33126

TITLE: Director
NAME: Hector Jimenez
STREET ADDRESS: 14342 Ardock Place
CITY-STATE-ZIP: Miami, Florida 33016

TITLE: Director
NAME: Maximo Caminero
STREET ADDRESS: 1145 Normandy Drive, Apt. #206
CITY-STATE-ZIP: Miami, Florida