FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N97000004708 (0)

IGLEGIA EN IDENGES A-13 INC

FILED Feb 27 1998 8:00am Secretary of State

	A FILIFENSES 4.13, INC.									
Principal Plac	e of Business	Mailing A	Mailing Address				F JOONNION OID TOIN! TOOM OBNIT GOI	11 ABOL BALLE AL	/141 0 2911 1 00 11 1	90,01 (811 1 881
13524 SOUTHM MIAMI FL 3317	/EST 112 COURT 6		13524 SOUTHWEST 112 COURT MIAMI FL 33176				3. Date Incorporated or Qualified 08/19/1997	đ		
							4. FEI Number		-	pplied For
2. Principal F	Place of Business	2a. Maitin	a Address				65-0772358			lot Applicable
21		26	-				5. Certificate of Status Desired			Additional Required
I SUITE, ADT.	#, etc.	Suite,	Suite, Apt. #, etc.				6. Election Campaign Financing		\$5.00	
22		27					Trust Fund Contribution		Added t	to Fees
City & Stat	е	— ·	City & State				7. Is this nonprofit corporation a homeowners association?			
Zip	Country	Zip		Country	,		8. This corporation owes or has			
24	25	29		30			Personal Property Tax due Ju			□ No
	9. Name and Address of Cur	rent Registered A	gent				10. Name and Address of New I	Registered	Agent	
				81	Nam	16				
AMERILAWYER CHARTERED 343 ALMERIA AVENUE				62	Stree	et Addre	ress (P.O. Box Number is Not Acceptable)			
	IEMIA AVENUE GABLES FL 33134			63						
COIVAL	UNDLED FL 33134								·	
				84	City			FL	. '	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 617.0 egistered agent, or both, in the St m familiar with, and accept the ob	0502 and 617,1508 ate of Florida. Such ligations of, Section	i, Florida <mark>Stat</mark> uti n change was a n 617.0503, Flo	es, the above authorized by orida Statutes	e-name the co	ed corpo orporatio	ration submits this statement for the n's board of directors. I hereby acc	purpose of ept the app	changing i	ts registered registered
SIGNATURE										
12.	Signature, typed or printed name of registered	agent and title if applicab AND DIRECTORS	ie. (NOT	E: Registered Age	int signati	ure required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIDECTOR	OC IN 10
TITLE	PTD	AND DIRECTORS	DELETE	1.1 TITLE		1	ADDITIONS/CHANGES TO OFF	TOERS AND	Change	Addition
NAME	KUNHARDT, ERICK			1.2 NAME						
STREET ADDRESS	13524 SOUTHWEST 112 C	OURT		1.3 STREET	ADDRESS	3				
CITY-ST-ZIP	MIAMI FL 33176			1.4 CITY-S	T-21P					
TITLE	\$D		DELETE	2.1 TITLE					☐ Change	Addition
NAME	KUNHARDT, GERMANIA			2.2 NAME						
STREET ADDRESS	13524 SOUTHWEST 112 C	DURI		2.3 STREET		3				
CITY-ST-ZIP TITLE	MIAMI FL 33176		DELETE	2. 4 CITY - 5 3.1 TITLE	ST-ZIP	 	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	MERCADO, ROSA INES			3.2 NAME					ear country	
STREET ADDRESS	13524 SOUTHWEST 112 C	OURT		3.3 STREET	ADDRESS	3				
CITY-ST-ZIP	MIAMI FL 33176			3.4. CITY - S						
TITLE			DELETÉ	4.1 TITLE					Change	Addition
NAME				4.2 NAME						
STREET ADDRESS				4.3 STREET		·				
CITY-ST-ZIP TITLE			DELETÉ	4.4 CITY-S	r-zip	-			Channe	A autitus
NAME	•		- Details	5.1 TITLE 5.2 NAME					☐ Change	☐ Addition
STREET ADDRESS				5.3 STREET	4DDB&&&					
CITY-ST-ZIP				5.4 CITY - S						
TITLE			DELETE	6.1 TITLE	411	1		~	Change	☐ Addition
NAME				6.2 NAME					-	
STREET ADDRESS				6.3 STREET	ADDRESS					
CITY-ST-ZIP	1			64 City-St	T- 73P					

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 open attachment with an address.