FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # N97000006367 (3)

MIAMI ACADEMY OF POETRY "DR. DARIO ESPINA PEREZ"

, INC.										
Principal Place of Business		Mailing Address	-			s ambiants dan abiat abba	A ABINI ABINI MANU ABINI	i vella silat ilila i)	
4140 S.W. 82ND COURT MIAMI FL 33155-4249		4140 S.W. 82ND COURT MIAMI FL 33155-4249			<u> </u>	3. Date Incorporated or 11/10/1997	Qualified			
					7	4. FEI Number			oplied For	
2. Principal P	lace of Business	2a. Mailing Address							ot Applicable	
21		26			4	Certificate of Status E	Desired		Additional equired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	6. Election Campaign Fi		\$5.00		
City & State		City & State				Trust Fund Contribution		Added to		
23		28				7. Is this nonprofit corpo	oration a homeown	ners assectation	ሰየ	
Zip	Country	Zip				8. This corporation owes			iangible	
24	25	29 3	0]			Personal Property Tax	k due June 30.	☐ Yes 🗸	2176	
·	9. Name and Address of Current	Registered Agent		1		0. Name and Address	of New Registere	d Agent		
***	TE 101 FOLIA . 1110 FLIA		81	Name	1					
	ITE IGLESIAS, AURELIO V. 82ND COURT		82 Street Ad			dress (P.O. Box Number is Not Acceptable)				
MAMI FL 33155-4249			83							
			84	City		· · · · · · · · · · · · · · · · · · ·		85 Zip (Code	
11. Purcuant	to the provisions of Sections 617.0503	and 617 1508 Florida Statutos	the about	o semod	d corporat	tion eubmite this stateme	F.	of obsessing it	to registered	
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State mamiliar with and accept the obliga	of Florida. Such change was aut	thorized by	y the cor	rpo fi tion's	s board of directors. I he	reby accept the a	ppointment as	registered	
SIGNATURE	Aurelintorre	TR 1905/05	ua Siamie	VITO	otro	Touqueta	3-1	1-98		
	Signature, typed or printed name of registered agen	t and title II applicable. (NOTE: R		ont signature	e required wi	nen reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES	TO OFFICERS A			
TITLE NAME	P Iglesias, autelio t	DELETE	1.1 TITLE D		pro	esident,		Срапре	Addition	
STREET ADDRESS	4140 S.W. 82ND COURT			T ADDRESS	700	renteIsle	5 (25, 114	reno		
CITY-ST-ZIP	MIAMI FL 33155-4249		1.4 CITY-5		419	0300 874	3/55-4	249		
TITLE D	\$	☐ DELETE	2.1 TITLE		1286	there have	77470***	Change	Addition	
NAME .	DIAZ, ANGELICA		2.2 NAME				•			
STREET ADDRESS	MANUEL ORGE 1010		2.3 STREET							
CITY-ST-ZIP			2.4 CITY- 3.1 TITLE	ST-ZIP	ļ			☐ Change	Addition	
NAME D	HENRIQUEZ, FRANCISCO		3.2 NAME					C CHRING	Addition	
STREET ADDRESS	4140 S.W. 82ND COURT		3.3 STREET	T ADDRESS						
CITY-ST-ZIP	MIAMI FL 33155-4249		3.4. C(TY-	ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE					☐ Change	☐ AddItion	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET		1					
CITY-ST-ZIP TITLE	,	DELETE	4.4 CITY - S 5.1 TITLE	SI-ZIP	+		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME			5.2 NAME					onengo		
STREET ADDRESS	:		5.3 STREET	ADDRESS						
CITY-ST-ZIP			5.4 CITY - S							
TITLE	······································	☐ DELETE	6.1 TITLE	- B-11	<u> </u>			☐ Change	Addition	
NAME			6.2 NAME]					
STREET ADDRESS			6.3 STREET	ADDRESS	1					

14. I hereby certify that the informatic indicated on this annual report of officer or director of the corporal Block 12 or Block 13 if changed

n 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 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 on or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

FILED

Mar 27 1998 8:00am

Secretary of State