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**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90009 031 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000006367**

1. Corporation Name

**MIAMI ACADEMY OF POETRY "DR. DARIO ESPINA PEREZ", INC.**

Principal Place of Business

**4140 S.W. 82ND COURT  
MIAMI FL 33155-4249**

Mailing Address

**4140 S.W. 82ND COURT  
MIAMI FL 33155-4249**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**28** City & State

**29** Zip

**30** Country

3. Date Incorporated or Qualified

**11/10/1997**

4. FEI Number  
**APPLIED FOR**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**TORRENTE IGLESIAS, AURELIO  
4140 S.W. 82ND COURT  
MIAMI FL 33155-4249**

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

TITLE ☐ DELETE  
NAME **PD IGLESIA AVRELIO T**  
STREET ADDRESS **4140 S.W. 82ND COURT**  
CITY-ST-ZIP **MIAMI FL 33155-4249**

TITLE ☐ DELETE  
NAME **DS DIAZ, ANGELICA**  
STREET ADDRESS **4140 S.W. 82ND COURT**  
CITY-ST-ZIP **MIAMI FL 33155-4249**

TITLE ☒ DELETE  
NAME **DT HENRIQUEZ, FRANCISCO**  
STREET ADDRESS **4140 S.W. 82ND COURT**  
CITY-ST-ZIP **MIAMI FL 33155-4249**

TITLE ☐ DELETE  
NAME **Vp Rene Cancio**  
STREET ADDRESS **6430 S.W. 109th Ave.**  
CITY-ST-ZIP **Miami, FL., 33173**

TITLE ☐ DELETE  
NAME **Vs Dolores Pujadas**  
STREET ADDRESS **1535 S.W. 62nd Ave**  
CITY-ST-ZIP **Miami, FL., 33144**

TITLE ☐ DELETE  
NAME **Vt Felipe González Concepción**  
STREET ADDRESS **2401 Collins Ave, No.1906**  
CITY-ST-ZIP **Miami Beach, FL., 33140**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **IGLESIAS, AURELIO T.**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **DT José I. Beamud**  
3.3 STREET ADDRESS **3631 S.W. 6th Street**  
3.4 CITY-ST-ZIP **Miami, FL., 33135**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)