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May 28 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006530 (6)

1. Corporation Name

DOMINICAN JOURNALISTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

8564 NW 8 STREET
MIAMI FL 33126-3709

8564 NW 8 STREET
MIAMI FL 33126-3709

3. Date Incorporated or Qualified

11/17/1997

4. FEI Number

65-0797074

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 135 S W 22nd AVENUE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

-

27

City & State

City & State

23 MIAMI, FLORIDA

28

Zip

Country

Zip

Country

24 33135-1502

25 MIAMI-DADE

29

30

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

RODRIGUEZ, PABLO
8564 NW 8 STREET
MIAMI FL 33126-3709

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 ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
RODRIGUEZ, PABLO
8564 NW 8 ST
MIAMI FL 33126-3709

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
RODRIGUEZ, PABLO
8564 NW 8th ST
MIAMI, FL 33126-3709

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
ACEVEDOEZ, MIGUEL
9004 NW 116 ST
HIALEAH GARDEN FL 33018-4125

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
D
ACEVEDO, MIGUEL
9004 NW 116th ST
HIALEAH GARDENS, FL 33018-4125

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
SORIANO, MARINA
9004 NW 116 ST
HIALEAH GARDEN FL 33018-4125

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D
SORIANO, MARTINA
9004 NW 116th ST
HIALEAH GARDENS, FL 33018-4125

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 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, on an attachment with an address.

SIGNATURE:

Pablo Rodriguez

4/30/98 (305) 827-4030

CR2E037 (10/97)