

SECOND NOTICE. CORPORATION WILL BE DISSOLVED ON OR AT
AMOUNT DUE ON OR BEFORE 06/15/99. \$81.25 IF DISSOLVED. MINIMUM AMOUNT

FILED
Jun 09, 1999 8:00 am
Secretary of State
06-09-1999 90021 011 *****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA

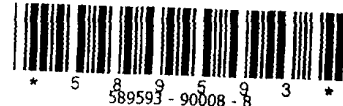
DIVISION

DOCUMENT - 1

DOCUMENT # N98000000851

1. Corporation Name

AMIGOS DE SAN JUAN BOSCO, INC.



Principal Place of Business

Mailing Address

**1301 WEST FLAGLER STREET
MIAMI FL 33135**

**1301 WEST FLAGLER STREET
MIAMI FL 33135**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

25. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/12/1998

4. FEI Number

65-0931504

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

**BRANA, ARMANDO ESO
3971 SW 8TH STREET #301
CORAL GABLES FL 33134**

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 reestablishing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **VALLADARES, JOSE H MD**
CITY-ST-ZIP **6970 SUNSET DRIVE**
CORAL GABLES FL 33134

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **SABINES, LUIS**
CITY-ST-ZIP **2289 SW 23 TERRACE**
MIAMI FL 33145

TITLE ☐ DELETE
NAME **DVT**
STREET ADDRESS **RODRIGUEZ, BERNARDINO**
CITY-ST-ZIP **10000 SW 95 AVENUE**
MIAMI FL 33176

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (12)

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
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
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

0003728