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**May 06, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N98000006882**

1. Corporation Name

**YOUTH IN ACTION OUTREACH PROGRAM, INC.**

Principal Place of Business

19655 S.W. 87TH PLACE  
MIAMI FL 33157

Mailing Address

19655 S.W. 87TH PLACE  
MIAMI FL 33157



2. Principal Place of Business

21 13580 SW 252 Street  
Suite, Apt. #, etc.

22 City & State  
23 Princeton,

24 Zip 33032 25 Country USA

2a. Mailing Address

26 c/o Manuel Cruz  
Suite, Apt. #, etc.

27 19655 SW 87th Place  
City & State

28 Miami, FL  
29 Zip 33157 30 Country USA

3. Date Incorporated or Qualified

12/07/1998

4. FEI Number

65-0880071

Applied For

Not Applicable

5. Certificate of Status Desired ☒ X

\$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

CRUZ, MANUEL  
19655 S.W. 87TH PLACE  
MIAMI FL 33157

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 D  
NAME CRUZ, MANUEL  
STREET ADDRESS 19655 S.W. 87TH PLACE  
CITY-ST-ZIP MIAMI FL 33157

☐ DELETE

TITLE D  
NAME CABRERA, FRANCO  
STREET ADDRESS 19001 SW 91 AVE  
CITY-ST-ZIP MIAMI FL 33157

☐ DELETE

TITLE D  
NAME ROMAN, DAVID  
STREET ADDRESS 650 SW 88TH COURT  
CITY-ST-ZIP MIAMI FL 33174

☐ DELETE

TITLE D  
NAME PASCUAL, CARLOS  
STREET ADDRESS 12757 SW 257TH ST.  
CITY-ST-ZIP MIAMI FL 33032

☐ DELETE

TITLE SD  
NAME OVIDE, LOURDES  
STREET ADDRESS 14275 S.W. 92ND ST.  
CITY-ST-ZIP MIAMI FL 33186

☐ DELETE

TITLE TD  
NAME CRUZ, MARIA  
STREET ADDRESS 19655 S.W. 87TH PLACE  
CITY-ST-ZIP MIAMI FL 33157

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99 (305) 257-1003

Date

Daytime Phone #

CR2E037 (11/98)