

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000000214

1. Entity Name
SOCIEDAD GABRIELA MISTRAL INC.



Principal Place of Business
**1645 WEST 31ST PLACE
HIALEAH, FL 33012**

Mailing Address
**1645 WEST 31ST PLACE
HIALEAH, FL 33012**

DO NOT WRITE IN THIS SPACE



03302004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1133958

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MEZA, ENRIQUE
6765 N.W. 169TH ST.
UNIT 2B
MIAMI, FL 33015**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
REYES, EMILIANO
1645 W 31 PLACE
HIALEAH, FL 33012**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
SALGADO, GLORIA
12401 SW 192 TERRACE
MIAMI, FL 33177**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CATALAN, RAMON E
7220 NW 79 TERR
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000121087
04/20/04-80035-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X **RAMON E. CATALAN, DIR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/04