

FILE NOW: FILING FEE IS \$61.25.

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **719629**
1. Corporation Name

Principal Place of Business Mailing Address
**2378 SW. 18 St.
MIAMI FL. 33145**

3. Date Incorporated or Qualified **11-3-90** 3a. Date of Last Report **1995**

2. Principal Place of Business 2a. Mailing Address
21 **2378 SW. 18 St. Miami, FL.** 26 **2378 SW. 18 St. Miami**
Sule. Apt. #, etc Sule. Apt. #, etc
22 27
23 **Miami, Florida** 28 **Miami, Florida**
City & State City & State
24 **33145** 25 **USA** 29 **33145** 30 **USA**
Zip Country Zip Country

4. FEI Number **65-0202055** 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**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**REV. PEDRO VAZQUEZ,
2378 SW. 18 STREET,
MIAMI FL. 33145**

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 **Pedro Vazquez**
Signature typed or printed of registered agent and board applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PO	NAME Pedro Vazquez	<input type="checkbox"/> DELETE
STREET ADDRESS 2378 SW 18 ST	CITY-ST-ZIP Miami Fla 33145	
TITLE PO	NAME Hugo Castro	<input type="checkbox"/> DELETE
STREET ADDRESS 11323 NW 88 ave	CITY-ST-ZIP Miami Fla	
TITLE SP	NAME Castro Regina	<input type="checkbox"/> DELETE
STREET ADDRESS 11323 NW 88 ave	CITY-ST-ZIP Miami Florida	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	700001882987
53 STREET ADDRESS	-07/03/96--01024--044
54 CITY-ST-ZIP	***61.25
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Pedro Vazquez** **03-17-96** **8579385**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)