

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 16 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 # 722645 (9)

1. Corporation Name
CASA DE LOS DE SANTA MARTA DE ORTIGUEIRA EN MIAMI, INC.

Principal Place of Business 1815 NW NORTH RIVER DR. MIAMI FL 33125	Mailing Address 1815 NW NORTH RIVER DR. MIAMI FL 33125
--	--

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

BETANCOURT, ARGELIO
451 NW 33 AVE
MIAMI FL 33125

GARRIDO RICARDO
11840 SW 205 ST
MIAMI FL 33177

3. Date Incorporated or Qualified 02/10/1972
4. FEI Number 51-0204107
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name **Ricardo Garrido**

82 Street Address (P.O. Box Number is Not Acceptable)
11840 SW 205 ST.

83 City **Mia.**

84 Zip Code **33177**

85 State **FL**

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 the provisions of Sections 617.0502 and 617.1508, Florida Statutes.

SIGNATURE *Ricardo Garrido* (NOTE: Registered Agent signature required when reinstating) DATE **4/11/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD BETANCOURT, ARGELIO
STREET ADDRESS	451 NW 33 AVE
CITY-ST-ZIP	MIAMI FL 33125
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D PIZARRO, CATALINA A.
STREET ADDRESS	9401 SW 4 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	GARRIDO, RICARDO
STREET ADDRESS	11840 SW 205 ST
CITY-ST-ZIP	MIAMI FL 33177
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD GARRIDO RICARDO
1.3 STREET ADDRESS	11840 SW 205 ST.
1.4 CITY-ST-ZIP	MIAMI FL 33177
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D CARLOS MORENO
2.3 STREET ADDRESS	4265 NW 168 TERR.
2.4 CITY-ST-ZIP	MIAMI FL 33055
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	J. P. DIAZ DE LOSADA
3.3 STREET ADDRESS	P.O. Box 44-0324
3.4 CITY-ST-ZIP	MIAMI FL 33144
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Ricardo Garrido* DATE: **4/11/98** 235-1259

CR2E037 (10/97)