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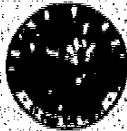
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95 MAY -1 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 735545 (6)

1. Corporation Name
MUNICIPIO DE SAN JOSE DE LAS LAJAS, INC.

Principal Place of Business Mailing Address

142 SW BEACON BLVD PO BOX 450604 MIAMI FL 33135-1534

142 SW BEACON BLVD PO BOX 450604 MIAMI FL 33135-1534

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/12/1976** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2364473** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**GARCIA, JOSE A.
4448 S.W. 14TH STREET
MIAMI 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE C
NAME RUIZ, ALICIO
STREET ADDRESS 3636 SW 5TH STREET
CITY-ST-ZIP MIAMI FL

TITLE D
NAME DELGADO, ANDERS A.
STREET ADDRESS 1071 W. 67TH STREET
CITY-ST-ZIP HIALEAH FL

TITLE D
NAME GARCIA, JOSE A.
STREET ADDRESS 4448 SW 14TH STREET
CITY-ST-ZIP MIAMI FL

TITLE T
NAME ALVAREZ, JOSE M.
STREET ADDRESS 5050 N.W. 7TH STREET, APT. #812
CITY-ST-ZIP MIAMI FL

TITLE D
NAME PERDOMO, ANDERS R.
STREET ADDRESS 3415 SW 13TH TERRACE
CITY-ST-ZIP MIAMI FL

TITLE D
NAME CARBALLE, JORGE
STREET ADDRESS 4150 SW 113TH AVENUE
CITY-ST-ZIP MIAMI FL

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

TITLE C Change Addition
NAME Pedro Benitez
STREET ADDRESS 225 W. 33 St.
CITY-ST-ZIP Hialeah, Fl. 33012

TITLE D Change Addition
NAME Delgado Andres A.
STREET ADDRESS 1071 W. 67 St.
CITY-ST-ZIP Hialeah, Fl. 33012

TITLE D Change Addition
NAME Garcia Jose A.
STREET ADDRESS 4448 SW 14 St.
CITY-ST-ZIP Miami, Fl. 33134

TITLE D Change Addition
NAME Ruiz Alicia
STREET ADDRESS 3636 SW 5 St.
CITY-ST-ZIP Miami, Fl. 33135

TITLE S Change Addition
NAME Perdomo Andres R.
STREET ADDRESS 3415 SW. 13 Terr.
CITY-ST-ZIP Miami, Fl. 33145

TITLE Change Addition
NAME
STREET ADDRESS
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 110.07(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 Benitez Pedro Benitez Chairman 4-25-95 (305)885-7180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in 1/2 size)