

# FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 735545 (6)**

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



Principal Place of Business <b>142 SW BEACON BLVD PO BOX 450504 MIAMI FL 33135-1534</b>	Mailing Address <b>142 SW BEACON BLVD PO BOX 450504 MIAMI FL 33135-1534</b>
--	--

3. Date Incorporated or Qualified <b>04/12/1976</b>	3a. Date of Last Report <b>05/01/1995</b>
--	--

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-2364473</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
--	--

<b>9. Name and Address of Current Registered Agent</b>  <b>GARCIA, JOSE A. 4448 S.W. 14TH STREET MIAMI FL 33134</b>	<b>10. Name and Address of New Registered Agent</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"><b>81</b> Name</td></tr> <tr><td><b>82</b> Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td><b>83</b></td></tr> <tr><td><b>84</b> City</td></tr> <tr><td style="text-align: right;"><b>FL</b></td></tr> <tr><td><b>85</b> Zip Code</td></tr> </table>	<b>81</b> Name	<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>83</b>	<b>84</b> City	<b>FL</b>	<b>85</b> Zip Code
<b>81</b> Name							
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)							
<b>83</b>							
<b>84</b> City							
<b>FL</b>							
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <b>BENITEZ, PEDRO</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	225 W 33RD STREET	1.2 NAME	
STREET ADDRESS	HIALEAH FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	T <b>DELGADO, ANDRES A</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1071 W 67TH STREET	2.2 NAME	
STREET ADDRESS	HIALEAH FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D <b>GARCIA, JOSE A</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4448 SW 14TH STREET	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D <b>RUIZ, ALICIO</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3636 SW 5TH STREET	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	S <b>PERDOMO, ANDRES R</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3415 SW 13TH TERRACE	5.2 NAME	
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D <b>CARBALLES, JORGE</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4150 SW 113TH AVENUE	6.2 NAME	
STREET ADDRESS	MIAMI FL	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 Benitez* (PEDRO BENITEZ - CHAIRMAN / 1-979-613-0585 / 885-7180)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (12/95)