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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 735545 (6)
1. Corporation Name
MUNICIPIO DE SAN JOSE DE LAS LAJAS, INC.



Principal Place of Business 142 SW BEACON BLVD PO BOX 450504 MIAMI FL 33135-1534		Mailing Address 142 SW BEACON BLVD PO BOX 450504 MIAMI FL 33245-0504		3. Date Incorporated or Qualified 04/12/1976	3a. Date of Last Report 02/02/1996
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2364473		Applied For Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	BENITEZ, PEDRO		
				82 Street Address (P.O. Box Number is Not Acceptable)	225 W 33RD ST		
				83 City	HIALEAH FL		
				84 City	85 State	Zip Code	
					FL	33010	

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 Benitez* PEDRO BENITEZ 4-27-97
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, PEDRO	1.2 NAME	C HERNANDEZ, JUAN J.
STREET ADDRESS	225 W 33RD STREET	1.3 STREET ADDRESS	1780 N.W. 16 St
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	Miami, FL 33125
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, ANDRES A	2.2 NAME	PERDOMO, ANDRES R.
STREET ADDRESS	1071 W 67TH STREET	2.3 STREET ADDRESS	321 S.W. 37 Ave. Apt #4
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	Miami, FL 33135
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, JOSE A	3.2 NAME	DELGADO, ANDRES Jr.
STREET ADDRESS	4448 SW 14TH STREET	3.3 STREET ADDRESS	19258NW 24 Pl.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	PEMBROKE PINE
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, ALICIO	4.2 NAME	RUIZ, ALICIO
STREET ADDRESS	3636 SW 5TH STREET	4.3 STREET ADDRESS	900 S.W. 27 Ave Apt #308
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33135
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERDOMO, ANDRES R	5.2 NAME	GONZALEZ, WALQUIRIA
STREET ADDRESS	3415 SW 13TH TERRACE	5.3 STREET ADDRESS	664 S.E. 4th Pl.
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Hialeah, FL 33010
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Alicio Ruiz* 4/29/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033967

CR2E037 (9/96)