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NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1997				Secretary of State DIVISION OF CORPORATIONS				Secretary of State					
DOCUI	MENT n Name	# 73	35545		(6)								
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Principal Place	e of Business	s		Mailing A	ddress				}	HAN MINDS MINT	161611 161616	180) 9 19)) 1891	
142 SW BEACO PO BOX 450504 MIAMI FL 33135				142 SW BEA PO BOX 450 MIAMI FL 33				:					
i						٠			3. Date incorporated or Qualified 04/12/1976	3a. Da)2/02/19	Рероп 96	
2. Principal P	lace of Busin	less		2a. Mailing 26	Address				4. FEI Number 59-2364473			pplied For lot Applicat	ole
Suite, Apt.	#, elc.			Suite, ,	Apt. #, etc.				5. Certificate of Status Desired			Additional teguired	
City & State	е			City &	State				Election Campaign Financing Trust Fund Contribution			May Be	
Zip		Country		Zip			untry		8. This corporation has liability for		tax under i		
24		and Addres	s of Current R	29 egistered A	gent	30)	Γ		Florida Statutes 10. Name and Address of New Re				\dashv
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GARCIA,	JOSE A.						82 Stree	+ Addres	SS (P.O. Box Number is Not Acceptate	ole)			
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MIAMI FL	L 33134						83	ik ^h rowi	who lives				1
							84 City	aren ibi	V(1)	FL		Code	
11. Pursuant	to the provisi	ions of Section	ons 617.0502 a	nd 617.1508	, Florida Stat	utes, the a	bove-name	d corpo	ration submits this statement for the p	ourpose of	changing	its registere	d
11. Pursuant office or ragent. La	to the provisi registered ag im familiar wi	ions of Sections of Sections of Sections of Sections of Section 1988 (Section 1988)	ons 617.0502 ar in the State of I opt the obligation	nd 617.1508 Florida. Such ns of, Sectio	i, Florida Stat n change wai 9-617.0503, I	utes, the a s authorize Florida Sta	bove-name d by the co tutes.	d corpo orporatio	ration submits this statement for the ratio board of directors. I hereby access	ourpose of pt the app	changing ointment as	its registered s registered	d
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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.

FILED

May 13 1997 8:00am

Daytime Phone # 0033967