

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 738168 (4)

1. Corporation Name
ASOCIACION CIVICA BAYAMESA, INC.



Principal Place of Business: P.O. BOX 440852 MIAMI FL 33144
Mailing Address: P.O. BOX 440852 MIAMI FL 33144

3. Date Incorporated or Qualified: 03/02/1977
3a. Date of Last Report: 05/01/1995

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

4. FEI Number: 59-1909169
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MENENDEZ, JOSE MANUEL
1825 SW 97 PL.
MIAMI FL 33165

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: 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, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VPD	<input type="checkbox"/>
NAME	VEGA, JOSE ANTONIO	
STREET ADDRESS	130 APACHE ST.	
CITY - ST - ZIP	MIAMI SPRINGS FL 33166	
TITLE	VP	<input type="checkbox"/>
NAME	BORIS, JORGE	
STREET ADDRESS	6357 SE 11 ST.	
CITY - ST - ZIP	MIAMI FL 33144	
TITLE	S	<input type="checkbox"/>
NAME	BARRUECO, CARMEN	
STREET ADDRESS	1110 SE 99 PL.	
CITY - ST - ZIP	MIAMI FL 33174	
TITLE	PD	<input type="checkbox"/>
NAME	MENENDEZ, JOSE MANUEL	
STREET ADDRESS	1825 SW 97 PL.	
CITY - ST - ZIP	MIAMI FL 33165	
TITLE	T	<input type="checkbox"/>
NAME	ARIES, CARLOS ENRIQUE	
STREET ADDRESS	1011 SW 73 AVE.	
CITY - ST - ZIP	MIAMI FL 33144	
TITLE	PPD	<input type="checkbox"/>
NAME	VIDAL, OSCAR	
STREET ADDRESS	2725 NW 17TH AVE	
CITY - ST - ZIP	MIAMI, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	VID	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	Santiago Palacios		
6.3 STREET ADDRESS	2750 SW 24 Terr.		
6.4 CITY - ST - ZIP	Miami, FL 33145		

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: *Carmen Barrueco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARMEN BARRUECO

3/5/96 (305) 226-1689
Date Daytime Phone #
(305) 223-4779

CR2E037 (12/95)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	VP D ←		
1.2 NAME	José Antonio Vega		
1.3 STREET ADDRESS	130 Apache St.		
1.4 CITY-ST-ZIP	Miami Springs, Fl. 33166		
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Jorge Borie		
2.3 STREET ADDRESS	6357 SW 11 St.		
2.4 CITY-ST-ZIP	Miami, Fl. 33144		
3.1 TITLE	S		
3.2 NAME	Carmen Barrueco		
3.3 STREET ADDRESS	1110 SW 99 Pl.		
3.4 CITY-ST-ZIP	Miami, Fl. 33174	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.1 TITLE	P.D. ←		
4.2 NAME	José Manuel Menéndez		
4.3 STREET ADDRESS	1825 SW 97 Pl.		
4.4 CITY-ST-ZIP	Miami, Fl. 33165	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1 TITLE	T.		
5.2 NAME	Carlos Enrique Arise		
5.3 STREET ADDRESS	1011 SW 73 Ave.		
5.4 CITY-ST-ZIP	Miami, Fl. 33144	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.1 TITLE	VT.D ←		
6.2 NAME	Santiago Palacios		
6.3 STREET ADDRESS	2750 SW 24 Terr. ★		
6.4 CITY-ST-ZIP	Miami, Fl. 33145		

I and those not qualified for the exemption stated in Section 119.07(3)(b), Florida Statutes, further warrant that the information herein is true and accurate and that my signature shall have the same legal effect as if made under oath and to execute this report as required by Chapter 617, Florida Statutes; and that my name is printed below.

DIRECTOR _____

Date: 4/19/95 City Phone: (305) 226-1689