


FILE NOW: FILING FEE IS \$61.25

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May 16 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 # 738168 (4)  
1. Corporation Name  
ASOCIACION CIVICA BAYAMESA, INC.



Principal Place of Business Mailing Address  
P.O. BOX 440852 MIAMI FL 33144 P.O. BOX 440852 MIAMI FL 33144-0852

3. Date Incorporated or Qualified 03/02/1977 3a. Date of Last Report 03/14/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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 Doralio C. Millan  
82 Street Address (P.O. Box Number is Not Acceptable) 5352 S.W. 144 CT.  
83  
84 City Miami, FL 85 Zip Code 33175

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 *[Signature]* DATE 4/28/97

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Julio J. Gutierrez	
1.3 STREET ADDRESS	5407 N.E. 31 Ave.	
1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33308	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Grato Gonzalez-Longoria	
2.3 STREET ADDRESS	9061 S.W. 112 CT.	
2.4 CITY-ST-ZIP	Miami, Fl. 33176	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Guillermo Millan	
3.3 STREET ADDRESS	6055 W. 19 Ave. # 417	
3.4 CITY-ST-ZIP	Hialeah, Fl. 33012	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Doralio C. Millan	
4.3 STREET ADDRESS	5352 S.W. 144 CT.	
4.4 CITY-ST-ZIP	Miami, Fl. 33175	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Francisco G. Ojeda	
5.3 STREET ADDRESS	13832 S.W. 14 Street	
5.4 CITY-ST-ZIP	Miami, Fl. 33184-2709	
6.1 TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Guillermo Echavarria	
6.3 STREET ADDRESS	6995 W. 17 CT.	
6.4 CITY-ST-ZIP	Hialeah, Fl. 33012	

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: *[Signature]* REQUIRED DATE: 4/28/97 305-554-9989

CR2E037 (9/96)