FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

746207

(0)

1. Corporation MANGO		` '	C.		
Principal Place	of Business	Mailing Address			I BIBIS BIBIS BIBIS BIBIS BIBIS SBBS
POST OFFICE BOX 3538 HIALEAH FL 33012 POST OFFICE BOX 3538 HIALEAH FL 33013-0538					•
				3. Date Incorporated or Qualified 03/12/1979	3a. Date of Last Report 01/31/1996
	ace of Business	2e. Mailing Address		4. FEI Number 59-2169455	Applied For
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country		Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24	25	29	30		Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regi	stered Agent
			81 Name		
	LUZMARY		82 Street Add	ress (P.O. Box Number is Not Acceptable))
4001 N.Y MIAMI FL	V. 5 STREET		83		
MINAMI	. 55120		20		1001 7000
			84 City		FL 85 Zip Code
11. Pursuant to office or reagent. I ar	o the provisions of Sections 617.05 egistered agent, or both, in the Stat in familiar with, and accept the oblig	02 and 617.1508, Florida Statu e of Florida. Such change was pations of, Section 617.0503, Fl	les, the above-named co authorized by the corpora orida Statutes.	poration submits this statement for the pu ation's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE .		·			41/9/
	Signature, typed or printed name of registered eg		E: Registered Agent algnature requ		DATE /
12.	PD OFFICERS AT	ND DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	ZIADET, CARLOS		1.2 NAME		
STREET ADDRESS	3835 W. 8 WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		Change Addition
NAME	ALVAREZS, FERNANDO		2.2 NAME		
STREET ADDRESS CITY-ST-ZiP	3840 W. 8 LANE HIALEAH FL 33012		2.3 STREET ADDRESS) 2.4 CITY - ST - ZIP		
TITLE	SD	DELETE	3.1 TITLE	······································	☐ Change ☐ Addition
NAME	MORLA, MARTA		3.2 NAME		
STREET ADDRESS	3805 W. 8TH WAY		9.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME CIDECT ADDOCCO			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		_	5.2 NAME	N.3	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	v certify that the information supply	ed with this filing does not avail	fy for the exemption state	ed In Section 119.07(3)(i), Florida Statutes.	further certify that the
information I am an of	n indicated on this annual report or	supplemental annual report is or the receiver or trustee empore	true and accurate and the vered to execute this repo	at my signature shall have the same legal ort as required by Chapter 617, Florida St	effect as if made under oath; tha