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Mar 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 766149 (9)
1. Corporation Name
GRAND LODGE OF FREE MASONS OF THE ANTILLES INC



Principal Place of Business Mailing Address
1883 S.W. 1ST STREET, FIRST FLOOR 1883 S.W. 1ST STREET, FIRST FLOOR
MIAMI FL 33135 MIAMI FL 33135

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

3. Date Incorporated or Qualified
12/15/1982
4. FEI Number 59-1981904
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

9. Name and Address of Current Registered Agent
BENITEZ, JUAN
5030 SW 116 AVENUE
MIAMI FL 33185

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME GONZALEZ, VALENTIN
STREET ADDRESS 2830 SW 14 STREET
CITY-ST-ZIP MIAMI FL
TITLE SD
NAME SARDINA, PEDRO M
STREET ADDRESS 2750 S.W. 4TH ST
CITY-ST-ZIP MIAMI FL
TITLE TD
NAME BENITEZ, JUAN
STREET ADDRESS 5030 S.W. 115 AVE.
CITY-ST-ZIP MIAMI FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD
1.2 NAME RIVERO, LAZARO
1.3 STREET ADDRESS 3518 SW 17 ST
1.4 CITY-ST-ZIP MIAMI - FL 33145
2.1 TITLE SD
2.2 NAME MARTINEZ, HECTOR
2.3 STREET ADDRESS 7385 SW 34 ST
2.4 CITY-ST-ZIP MIAMI FL 33155
3.1 TITLE TD
3.2 NAME SAN ROMAN, MANUEL
3.3 STREET ADDRESS 4311 SW 97 PLACE
3.4 CITY-ST-ZIP MIAMI FL 33155
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME 000002448780
5.3 STREET ADDRESS -03/06/98--01006--008
5.4 CITY-ST-ZIP ***61.25
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: Manuel San Roman MANUEL SAN ROMAN

CR2E037 (10/97)