

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 # N15871 (9)

1. Corporation Name
LA VID VERDADERA, INC.



Principal Place of Business: 3220 NORTH 40TH STREET, C/O WILLIAM VELEZ, JR., TAMPA FL 33605
Mailing Address: 3220 NORTH 40TH STREET, C/O WILLIAM VELEZ, JR., TAMPA FL 33605

3. Date Incorporated or Qualified: 07/15/1986
3a. Date of Last Report: 04/27/1995
4. FEI Number: 59-2870396
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

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

9. Name and Address of Current Registered Agent: LOPEZ, MILDRED, 12906 ASTORWOOD PL, RIVERVIEW FL 33569
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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	VELEZ, WILLIAM JR. 1707 HARTLEY RD. TAMPA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	LOPEZ, MILDRED 12906 ASTORWOOD PL RIVERVIEW FL	2.1 TITLE: SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	ACEVEDO, ILEANA M. 22707 WEEKS BLVD. LAND O LAKES FL	2.2 NAME: LOPEZ, MILDRED	
TITLE: [DELETED]		2.3 STREET ADDRESS: 4015 FORECAST DR	
TITLE: [DELETED]		2.4 CITY-ST-ZIP: BRANDON FLA, 33511	
TITLE: [DELETED]		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		3.2 NAME	
TITLE: [DELETED]		3.3 STREET ADDRESS	
TITLE: [DELETED]		3.4 CITY-ST-ZIP	
TITLE: [DELETED]		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		4.2 NAME	
TITLE: [DELETED]		4.3 STREET ADDRESS	
TITLE: [DELETED]		4.4 CITY-ST-ZIP	
TITLE: [DELETED]		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		5.2 NAME	
TITLE: [DELETED]		5.3 STREET ADDRESS	
TITLE: [DELETED]		5.4 CITY-ST-ZIP	
TITLE: [DELETED]		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		6.2 NAME	
TITLE: [DELETED]		6.3 STREET ADDRESS	
TITLE: [DELETED]		6.4 CITY-ST-ZIP	

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: *William Velez* Date: April 26, 96 813-621-7158
Signature and typed or printed name of signing officer or director

CR2E037 (12/95)