

**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 # **N32059** (0)

1. Corporation Name  
**PADRE FELIX VARELA FOUNDATION, INC.**



Principal Place of Business: 15630 SW 42ND LANE, MIAMI FL 33185, US  
Mailing Address: 15630 SW 42ND LANE, MIAMI FL 33185, US

3. Date Incorporated or Qualified: 05/01/1989  
3a. Date of Last Report: 04/11/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	65-0132229		Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
30	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DE LA TORRE, ROGELIO 15630 S.W. 42ND LANE MIAMI FL 33185				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 officer 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DELETORRE, ROGELIO <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELETORRE, ROGELIO	1.2 NAME	CÓBELO, ARMANDO
STREET ADDRESS	15630 SW 42ND LANE	1.3 STREET ADDRESS	1400 SW 84 CT.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL. 33144
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, FRANCISCO J.	2.2 NAME	DELETORRE, ROGELIO
STREET ADDRESS	8025 SW 15TH ST	2.3 STREET ADDRESS	15630 SW 42ND LANE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI - FL - 33185
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELA TORRE, AMALIA V.	3.2 NAME	MÜLLER, FRANCISCO J.
STREET ADDRESS	15630 SW 42ND LANE	3.3 STREET ADDRESS	8025 SW 15 ST
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL - 33144
TITLE	VS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRAZABAL, MARTA	4.2 NAME	DELA TORRE, AMALIA V.
STREET ADDRESS	1225 SW 107TH AVE. APT. 526	4.3 STREET ADDRESS	15630 SW 42ND LANE
CITY-ST-ZIP	MIAMI FL 33174	4.4 CITY-ST-ZIP	MIAMI - FL - 33185
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABISLAIMAN, RAFAEL B.	5.2 NAME	GOMAR, TEODORO
STREET ADDRESS	9840 SW 48TH ST	5.3 STREET ADDRESS	5921 SW 79 CT.
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL. 33143
TITLE	VT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, LAURERNO	6.2 NAME	ABISLAIMAN, RAFAEL B
STREET ADDRESS	4680 W. 13TH LANE, APT 225	6.3 STREET ADDRESS	9840 SW 48TH ST
CITY-ST-ZIP	HIALEAH FL	6.4 CITY-ST-ZIP	MIAMI, FL, 33165

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: Francisco J. Müller FRANCISCO J. MÜLLER 4/25/96 (305)266-1595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Year Phone #

CR2E037 (12/95)