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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32059

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/01/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0132229
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DE LA TORRE, ROGELIO
15630 S.W. 42ND LANE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DELATORRE, AMALIAY	
STREET ADDRESS	15630 SW 42ND LANE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COBELO, ARMANDO F.	
STREET ADDRESS	15630 SW 42ND LANE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GARCIA, LAUNA	
STREET ADDRESS	4311 SW 3RD ST	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	NIRET, GERNIAN	
STREET ADDRESS	8260 SW 91ST ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GOMAR, TEODORO	
STREET ADDRESS	5921 S.W. 79 CT	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ROCA, ERIRIO	
STREET ADDRESS	600 NW 34TH AVE	
CITY-ST-ZIP	MIAMI FL 33125	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DE LA TORRE, AMALIA
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GARCIA, LAURA
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MIRET, GERMAN J.
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ROCA, EMILIO
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, with all other like empowered.

SIGNATURE: *[Signature]* 2/1/99 (305) 371 4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)