

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 MAY 31 AM 8:10

DOCUMENT # **N34038** (2)
1. Corporation Name
FRATERNIDAD NICARAGUENSE, INC.

Principal Place of Business	Mailing Address
6850 CORAL WAY SUITE 507 MIAMI FL 33155	6850 CORAL WAY SUITE 507 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/06/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0172193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

LOPETMAN, VANESSA
1300 SW 122 AVE
APT. 123
MIAMI FL 33184

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COLLADO, SALVADOR L
STREET ADDRESS	4205 W. 16TH AVE.
CITY - ST - ZIP	HIALEAH FL
TITLE	DV
NAME	LOPEZ, DANILO
STREET ADDRESS	6599 SW 127 PATH
CITY - ST - ZIP	MIAMI FL
TITLE	DM
NAME	BRITTON, NORA
STREET ADDRESS	14974 SW 93 ST
CITY - ST - ZIP	MIAMI FL
TITLE	DT
NAME	KOPETMAN, VANESSA
STREET ADDRESS	1300 SW 122 AVE., APT. 123
CITY - ST - ZIP	MIAMI FL
TITLE	DS
NAME	LEEMING, VERNON D
STREET ADDRESS	6601 SW 139 AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	PORTILLO, SOCORRO
STREET ADDRESS	1044 SW 10 ST
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	JORGE WONG	
13 STREET ADDRESS	6850 Coral Way Suite 507	
14 CITY - ST - ZIP	Miami Florida 33155	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(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: _____ (Name) **04-25-95** **305-662-2221** (Telephone #)