

CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 13 1998 8:00am
Secretary of State

1. Name and Mailing Address of Corporation: **DOCUMENT # N34038 (2)**
FRATERNIDAD NICARAGUENSE, INC.
9746 CORAL WAY
MIAMI FL 33165.

If above mailing address is incorrect in any way, file through incorrect information and enter correction in Block 21.

FILING FEE \$200.00 **ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE**
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address		2a. Principal Place of Business	
21	Street, Apt., P.O., etc.	26	Street, Apt., P.O., etc.
22	City, State, Zip	27	City, State, Zip
23	Zip	28	Zip
24	County	29	County
		30	County

3. Date incorporated in Florida	3a. Date of filing
09/06/1989	04/20/1998
4. Fil Number	5. State of Incorporation
650172193	FL
6. Election Campaign Contribution	7. Filing Fee
First Fund Contribution	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. This corporation is liable for intangible tax under S. 199 (1998)	9. Florida State Tax
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

\$8.75 Additional Fee Required
\$5.00 Misc. Fee Added to Total
\$138.75 Supplemental Fee Not Required

9. Name and Address of Current Registered Agent
Kopetman, Vanesa
1300 SW 122 Ave. Apt. 123
Miami, FL 33184

10. Name and Address of New Registered Agent
Alfonso Oviedo-Reyes
8370 West Flagler Street Suite 110
Alfonso E. Oviedo
Miami FL 33144

11. Pursuant to the provisions of Sections 607.0502 and 607.1504 of the laws of the State of Florida, the above named corporation hereby accepts the appointment as registered agent of the State of Florida of the undersigned, and the undersigned hereby accepts the appointment as registered agent of the State of Florida of the above named corporation.

SIGNATURE: **Alfonso E. Oviedo**

12. OFFICERS AND DIRECTORS			
1.1 TITLE	D/P	1.2 NAME	Collado, Salvador L.
1.3 ADDRESS	4205 West 16th Ave.	1.4 CITY-STATE-ZIP	Hialeah, FL 33012
2.1 TITLE	D/V	2.2 NAME	Lopez, Danilo
2.3 ADDRESS	6509 SW 127 Path	2.4 CITY-STATE-ZIP	Miami, FL 33183
3.1 TITLE	D/M	3.2 NAME	Britton, Nora
3.3 ADDRESS	11971 S.W. 118 st	3.4 CITY-STATE-ZIP	Miami, FL 33186
4.1 TITLE	D/T	4.2 NAME	Kopetman Vanesa
4.3 ADDRESS	1300 SW 122 Ave. Apt. 123	4.4 CITY-STATE-ZIP	Miami, FL 33184
5.1 TITLE	D/S	5.2 NAME	Leeming, Vernon D.
5.3 ADDRESS	6601 SW 139 Ave.	5.4 CITY-STATE-ZIP	Miami, FL 33183
6.1 TITLE	D	6.2 NAME	Portillo Socorro
6.3 ADDRESS	1044 SW 10st	6.4 CITY-STATE-ZIP	Miami, FL 33130

13. OFFICERS AND DIRECTORS			
1.1 TITLE	D/P	1.2 NAME	Alfonso Oviedo-Reyes
1.3 ADDRESS	8370 West Flagler Street, suite 110	1.4 CITY-STATE-ZIP	Miami, FL 33144
2.1 TITLE	D/V	2.2 NAME	Lopez, Aurora
2.3 ADDRESS	5218 S.W. 139th Ct.	2.4 CITY-STATE-ZIP	Miami, FL 33175
3.1 TITLE	D/M	3.2 NAME	Britton, Nora
3.3 ADDRESS	9746 S.W. Coral Way	3.4 CITY-STATE-ZIP	Miami, FL 33165
4.1 TITLE	D	4.2 NAME	Portillo, Socorro
4.3 ADDRESS	1044 SW. 10st	4.4 CITY-STATE-ZIP	Miami, FL 33130
5.1 TITLE	D	5.2 NAME	Rodriguez, Carlos
5.3 ADDRESS	2001 S.W. 3th. Ave	5.4 CITY-STATE-ZIP	Miami, FL 33129
6.1 TITLE		6.2 NAME	100002588431
6.3 ADDRESS		6.4 CITY-STATE-ZIP	-07/14/98--01064--005
			***\$61.25

14. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my corporation has the same legal office as indicated on this report. I further certify that I am an officer or director of the corporation or the receiver or trustee appointed by the court to administer the report as required by Chapter 607 of the Florida Statutes, and that my name appears in Block 12, Block 13 (A change), or on an attachment with an address:

SIGNATURE
Name of Signing Officer or Director: **Nora Britton D.M.**
Title: **Nora Britton D.M.**
Telephone Number: **(305) 228-1208**
Date: **05/28/98**