


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90168 028 ****61.25

0033379

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

DOCUMENT # N34038

1. Corporation Name
FRATERNIDAD NICARAGUENSE, INC.

Principal Place of Business 9746 CORAL WAY MIAMI FL 33165 US	Mailing Address 9746 CORAL WAY MIAMI FL 33165 US
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/06/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0172193
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 OVIEDO-REYES, ALFONSO E 8370 WEST FLAGLER STREET SUITE 110 MIAMI FL 33144	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME COLLADO, SALVADOR L	1.1 TITLE DP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 4205 W. 16TH AVE.	CITY-ST-ZIP HIALEAH FL	1.2 NAME Alfonso Oviedo-Reyes	
		1.3 STREET ADDRESS 8370 West Flagler Street, Suite 110	
		1.4 CITY-ST-ZIP Miami, FL 33144	
TITLE DV	NAME LOPEZ, DANILO	2.1 TITLE DV	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 6599 SW 127 PATH	CITY-ST-ZIP MIAMI FL	2.2 NAME Lopez, Aurora	
		2.3 STREET ADDRESS 5218 S.W. 139th. Ct.	
		2.4 CITY-ST-ZIP Miami, FL 33175	
TITLE DM	NAME BRITTON, NORA	3.1 TITLE DM	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 14974 SW 93 ST	CITY-ST-ZIP MIAMI FL	3.2 NAME Britton, Nora	
		3.3 STREET ADDRESS 9746 S.W. Coral Way	
		3.4 CITY-ST-ZIP Miami, FL 33165	
TITLE DT	NAME KOPETMAN, VANESSA	4.1 TITLE D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 1300 SW 122 AVE., APT. 123	CITY-ST-ZIP MIAMI FL	4.2 NAME Portillo, Socorro	
		4.3 STREET ADDRESS 1044 S.W. 10St.	
		4.4 CITY-ST-ZIP Miami, FL 33130	
TITLE DS	NAME LEEMING, VERNON D	5.1 TITLE D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 6601 SW 139 AVE.	CITY-ST-ZIP MIAMI FL	5.2 NAME Rodriguez, Carlos	
		5.3 STREET ADDRESS 2001 S.W. 3th. Av.	
		5.4 CITY-ST-ZIP Miami, FL 33129	
TITLE D	NAME PORTILLO, SOCORRO	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 1044 SW 10 ST	CITY-ST-ZIP MIAMI FL	6.2 NAME	
		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 REQUIRED** 02/10/99 305-228 1208
 _____ 305-274 9563

CR2E037 (11/98)