FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

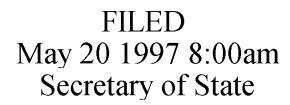


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997



1. Corporation	MENT # N491 ! A FUNDAMENTAL BAUTIS		(6) Miami, Flo)		
Principal Place of Business Mailing Address					······································	
102 W 5TH STREET 102 W 5TH STREET HIALEAH FL 33010 HALEAH FL 33010-47			STREET			
us		US				3. Date incorporated or Qualified
2. Principal Place of Business			28. Mailing Address			4. FEI Number Applied For NOT APPLICABLE Not Applicable
Suite, Apt.	# etc.	26 Suite A	Suite, Apt. #, etc.			PO 75 . ()
22	71 672	27	 1			5. Certificate of Status Desired Fee Required
City & State	0	├ ─┐ ⁻ `	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country Zip		Counti	y	8. This corporation has liability for intangible tax under s. 199.032,	
24	25 29 30		30		Florida Statutes Yes No	
	9. Name and Address of Curr	rent Registered A	jent	8	I Name	10. Name and Address of New Registered Agent
ROSARI	O, MOISES S			8:		
	V 192ND TR					ddress (P.O. Box Number is Not Acceptable)
HIALEAH	1 FL 33015			8:	3	
				8-	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0	0502 and 617.1508	Florida Statut	es, the abo	ve-named o	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	im familiar with, and accept the ob	ligations of, Section	617.0503, FI	orida Statut	98.	oration's coard of offectors, thereby accept the appointment as registered
SIGNATURE .			2003	E. Danking &		equired when reinstaling) DATE
12.	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS	e (NO	13.	geni signatura n	
TITLE			1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.2 NAMI	: \	·	
STREET ADDRESS	8604 NW 192 TR		1,3 STREE	ET ADDRESS		
CITY - ST - ZIP	HIALEAH FL	·····		1.4 CITY	ST-21P	
TITLE	VD		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSARIO, RICARDO M			2.2 NAME	.	
STREET ADDRESS	3337 1111 112 111			ET ADDRESS		
CITY-SI-ZIP	······································		2.4 CITY 3.1 TITLE		Change Addition	
TITLE	SD CARIO EMILIA D		T'I DEFEIE		i	Cuange Caronium
NAME STREET ADDRESS	ROSARIO, EMILIA R 8604 NW 192 TR			3.2 NAME	ET ADDRESS	
CITY-ST-ZIP	HIALEAH FL			3.4, CITY	1	
TITLE	s the final of the first		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAM	E \	
STREET ADDRESS				4.3 STREE	ET ADORESS	
CITY-SI-ZIP				44 CITY-ST-ZIP		
TITLE			DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP			T 651	5.4 CITY		
TITLE			DELETE	6.1 TITLE	1	Li Change Li Addition
NAME				6.2 NAME	1	
STREET ADDRESS					ET ADDRESS	
CITY-ST-ZIP	by post-fy that the information purpo	lied with this filing	door not quali	6.4 CITY-		ated in Section 119.07(3)(i), Florida Statutes, I further certify that the

information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under or larm 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.

May 1 1997