FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name N94000001505 (6)

MUJERES VALIENTES INC.

FILED Jun 30 1998 8:00 am Secretary of State

	•						
Principal Plac	e of Business	Mailing Address				 	
119 E. BRIDGERS AVENUE P.O. BOX 1855 AUBURNDALE FL 33923 AUBURNDALE FL 33823-1855			5				
					 Date Incorporated or Qualified 03/23/1994 	3a. Date of Last Report 07/25/1996	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	26				59-3242832	Not Applicable	
22	Suite, Apt. #, etc. Suite, Apt. #, etc. 2 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	& State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Count		8. This corporation has liability fo	r intangible tax under s. 199.032,	
24	25 29 30		0		Florida Statutes Yes No		
					10. Name and Address of New F	legistered Agent	
				Name			
ZAPATA, ALICIA				32 Street	Street Address (P.O. Box Number is Not Acceptable)		
119 E BRIDGERS AVE AUBURNDALE FL 33823			1	33	· -		
i Aubuni	NUMBER L 33020						
ں				34 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 (PARTA CARATA LISIAS							
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of egyster agen	it and title if applicable (NOTE)		Agent signature	required when reinstaling)	DATE	
12.	OFFICERS AND		13.	······································	ADDITIONS/CHANGES TO OFF		
TITLE	PO	DELETE	1.1 TITL			☐ Change ☐ Addition	
NAME	MCGIVNEY, SISTER PEARL		1.2 NAN				
STREET ADDRESS	255 SO SEMINOLE			EET ADDRESS		[i]	
CITY-ST-ZIP	LAKE ALFRED FL 33850	DELETE	1.4 CITY 2.1 TITL	(-ST-ZIP	100 000	Change Addition	
TITLE	VPD					C Change C Addition	
NAME	CALDERON, VERONICA		2.2 NAN	· -			
STREET ADDRESS	2586 BLUEBIRD RD			FET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33880	☐ DELETE	2. 4 CII	Y-ST-ZIP		Change Addition	
NAME	\$D Duran, Penelope	- DECENE	3.2 NAM				
STREET ADDRESS	732 W BRIDGERS AVE			eet address			
CITY-ST-ZIP	AUBURNDALE FL 33823			Y-\$1-ZIP			
TATLE			4.1 1111			Change Addition	
NAME	GARCIA, BLANCA	_	4. 2 NA			_ • • -	
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33880		1	'-ST-ZIP			
TITLE	ń	DELETE	5.1 TITL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition	
NAME	SAEZ, JOSEFINA		5.2 NAN	1E	SAENZ, JOSEFINA		
STREET ADDRESS	1508-1ST ST. W.			EET ADDRESS			
CITY-ST-ZIP	AUBURNDALE FL 33823			r-S1-ZIP			
TITLE	110001111011001100100	DELETE	6.1 TITL		D.F.	Change Addition	
NAME .	i.		6.2 NAN	l£	soooda w 1	79825	
STREET ADDRESS	, (EET ADDRESS	-07/06/98010		
CITY-ST-ZIP	<u></u>			'-ST-ZIP	***61.25		

14. I do 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.