

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 NOV -1 PM 1:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT *GA*

DOCUMENT # **N94000001505**
 1. Corporation Name
MUJERES VALIENTES INC.

Principal Place of Business *318* Mailing Address
140 E BRIDGERS AVENUE *w. Bridgers Ave* P.O. BOX 1855
 AUBURNDALE FL 33823 AUBURNDALE FL 33823

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

3. Date incorporated or Qualified
03/23/1994

4. FEI Number
59-3242832 Applied *SP*
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ZAPATA, ALICIA
140 E BRIDGERS AVE *255 So. Seminole*
AUBURNDALE FL 33823 *LK ALFRED, FL 33850*

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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 *Alicia Zapata* DATE *10/26/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGINNEY, SISTER PEARL	1.2 NAME	
STREET ADDRESS	255 SO SEMINOLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE ALFRED FL 33850	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDERON, VERONICA	2.2 NAME	
STREET ADDRESS	2586 BLUEBIRD RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURAN, PENELOPE	3.2 NAME	
STREET ADDRESS	732 W BRIDGERS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	3.4 CITY-ST-ZIP	
TITLE	TRD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, BLANCA	4.2 NAME	
STREET ADDRESS	304 FERN ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAENZ, JOSEFINA	5.2 NAME	
STREET ADDRESS	1508-1ST ST. W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 *****236.25 Change Addition

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: *Sister Pearl McGinney* REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: *10/11/99*
 DAYTIME PHONE: *863-965-*

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CR2E037 (5/99)