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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortenson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005282 (8)
1. Corporation Name
*INTERNATIONAL BROTHERHOOD OF HABILCIANS,
RING 45, INC.*

Principal Place of Business Mailing Address
*5621 BRANADA Blvd
CORAL GABLES, FL 33146* *5621 BRANADA Blvd
CORAL GABLES, FL 33146*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: *10/25/1994* 3a. Date of Last Report

4. FEI Number: *59-2478052* Applied For / 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 29. Zip Country

9. Name and Address of Current Registered Agent

*DELANEY, JOHN P.
5621 BRANADA Blvd
CORAL GABLES, FL 33146*

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	<i>PRESIDENT</i>
NAME	<i>JOHN P. DELANEY</i>
STREET ADDRESS	<i>5621 BRANADA Blvd</i>
CITY-ST-ZIP	<i>CORAL GABLES, FL 33146</i>
TITLE	<i>VICER PRESIDENT</i>
NAME	<i>RICHARD DELVECHIO</i>
STREET ADDRESS	<i>311 VISCAYA AVENUE</i>
CITY-ST-ZIP	<i>CORAL GABLES, FL 33146</i>
TITLE	<i>TREASURER</i>
NAME	<i>HECTOR ACE</i>
STREET ADDRESS	<i>14800 SW 30 TERRACE</i>
CITY-ST-ZIP	<i>MIAMI, FL 33186</i>
TITLE	<i>SECRETARY</i>
NAME	<i>DAVID HILL</i>
STREET ADDRESS	<i>10200 S.W. 37 ST</i>
CITY-ST-ZIP	<i>MIAMI, FL 33165</i>
TITLE	<i>DIRECTOR</i>
NAME	<i>JOSE SERRA</i>
STREET ADDRESS	<i>4101 SW 95 ST.</i>
CITY-ST-ZIP	<i>MIAMI, FL 33165</i>
TITLE	<i>DIRECTOR</i>
NAME	<i>DONALD SCHNABER</i>
STREET ADDRESS	<i>229 SW 11 ST.</i>
CITY-ST-ZIP	<i>MIAMI, FL 33130</i>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<i>DIRECTOR</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>W. FRED HILTON</i>
1.3 STREET ADDRESS	<i>9799 S. DIXIE HWY</i>
1.4 CITY-ST-ZIP	<i>MIAMI, FL 33156</i>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<i>600001517286</i>
3.2 NAME	<i>-06/20/95--01047--013</i>
3.3 STREET ADDRESS	<i>****138.75 ****138.75</i>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<i>5/1/95 N/A</i>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John P. Delaney* 15 MAY 95 305-662-2636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Name)

JOHN P. DELANEY