


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 11 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # N94000005934 (4)**  
 1. Corporation Name  
**EL FARO APOSTOLICO DE SARASOTA, INC.**



Principal Place of Business Mailing Address  
**3809 LOCUST AVE. SARASOTA FL 34234**

3. Date Incorporated or Qualified  
**01/01/1995**  
 4. FEI Number  
**65-0524072**

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

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. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**MELENDEZ, VICTOR M**  
**3434 TAMAMI TRAIL**  
**#800**  
**SARASOTA FL 34234**

10. Name and Address of New Registered Agent  
 81 Name **GUSTAVO MEYER**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **3341 GOCIO RD.**  
 84 City **SARASOTA** FL 85 Zip Code **34235**

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 Meyer DATE 05/01/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <b>D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MELENDEZ, REV. VICTOR M</b>                      | 1.2 NAME  | <b>GUSTAVO MEYER</b>   |
| STREET ADDRESS             | <b>3434 N. TAMAMI TRAIL, #800</b>                   | 1.3 STREET ADDRESS                                    | <b>3341 GOCIO RD.</b>  |
| CITY-ST-ZIP                | <b>SARASOTA FL 34234</b>                            | 1.4 CITY-ST-ZIP                                       | <b>SARASOTA, FL. 34235</b>   |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <b>D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MELENDEZ, ZORAIDA</b>                            | 2.2 NAME  | <b>AIDA MEYER</b>  |
| STREET ADDRESS             | <b>3434 N. TAMAMI TRAIL, #800</b>                   | 2.3 STREET ADDRESS                                    | <b>3341 GOCIO RD.</b>  |
| CITY-ST-ZIP                | <b>SARASOTA FL 34234</b>                            | 2.4 CITY-ST-ZIP                                       | <b>SARASOTA, FL 34235</b>  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 3.1 TITLE   | <b>D.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>AYALA, MIGUEL</b>                                | 3.2 NAME  | <b>AYALA MIGUEL</b>  |
| STREET ADDRESS             | <b>825 N. TARPON</b>                                | 3.3 STREET ADDRESS                                    | <b>825 N. TARPON</b>   |
| CITY-ST-ZIP                | <b>SARASOTA FL 34237</b>                            | 3.4 CITY-ST-ZIP                                       | <b>SARASOTA, FL 34237</b>  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 4.1 TITLE   | <b>D.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>FLORES, GABRIEL</b>                              | 4.2 NAME  | <b>FLORES GABRIEL</b>  |
| STREET ADDRESS             | <b>4946 ELIZABETH AVE.</b>                          | 4.3 STREET ADDRESS                                    | <b>4946 ELIZABETH AVE.</b>   |
| CITY-ST-ZIP                | <b>SARASOTA FL 34233</b>                            | 4.4 CITY-ST-ZIP                                       | <b>SARASOTA, FL. 34233</b>   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 5.1 TITLE   | <b>D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME  | <b>ERIC MEYER</b>  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    | <b>3341 GOCIO RD.</b>  |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       | <b>SARASOTA, FL. 34235</b>   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 6.1 TITLE   |  |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 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.

SIGNATURE: Meyer **GUSTAVO MEYER** DATE 4/16/98

CR2E037 (10/97)