


FILE NOW: FILING FEE IS \$61.25

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May 24, 1999 8:00 am
Secretary of State

05-24-1999 90029 047 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005934

1. Corporation Name
EL FARO APOSTOLICO DE SARASOTA, INC.

Principal Place of Business 3809 LOCUST AVE. SARASOTA FL 34234	Mailing Address 3809 LOCUST AVE. SARASOTA FL 34234
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2. Principal Place of Business 21 1850 FRUITVILLE RD. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 14084 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 01/01/1995
22	27	4. FEI Number 65-0524072 Applied For <input type="checkbox"/> Not Applicable
23 City & State SARASOTA, FL.	28 City & State SARASOTA, FL. 34	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 34236	25 Country USA	29 Zip 34278
	30 Country U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MEYER, GUSTAVO
3341 GOCIO RD
#800
SARASOTA FL 34235

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

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

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Gustavo Meyer* **GUSTAVO MEYER** Date: 5/19/99 Daytime Phone # _____

CR2E037 (11/98)