NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400006217 (3)

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UIC	สเกก2.	MAILINE	HIVER	COUNTY.	INL.

Principal Place of Business Mailing Address										
12896 COUNTY ROAD 512 P.O. BOX 9										
FELLSMERE I		FELLSMERE FL 32948								
					F	3. Date Incorporated or Qualified	3a. Dat	te of Last	Report	
						12/20/1994	0	5/01/1	995	
	tace of Business	2a. Mailing Address	1112			4. FEI Number	•		Applied For	
21 Suite, Apt.	# ato	26 P.t., BOX Suite, Apt. #, etc.	111 5			65-0547488			Not Applicable	
22	# , 610.	27 Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required	
City & State	е	City & State				6. Election Campaign Financing			00 May Be	
23		28 Fellsmerce				Trust Fund Contribution			ed to Fees	
Zip 24	Country	Zip 3294/8	Country 30 IN	17	iva	8. This corporation has liability for in			199.032,	
24	25 9. Name and Address of Curren	1 Registered Agent	30 <u> 1 N l</u>	4A12		Florida Statutes 10. Name and Address of New Re	Yes 🚺			
	o, manual managed of Garron	Trogistered Agein	81	Name		TO, Hame and Address of New Re	gistered A	.gent		
RAMOS,	VICTOR		 							
1627 U.S			82	Street A	Address	(P.O. Box Number is Not Acceptable	e)			
SUITE 17			83							
l	, IAN FL 32958							.,		
022,1011			84	City			FI	85 Zi	ip Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	named co	rporatio	n submits this statement for the purp	ose of char	nging its r	registered office	
or register familiar wi	red agent, or both, in the State of Florid ith, and accept the obligations of, Secti	la Such change was authorized on 617.0503, Florida Statutes.	by the corp	poration's t	board o	f directors. I hereby accept the appoi	ntment as r	egistered	Lagent. Lam	
SIGNATURE	_									
	Signature, typed or printed han 6 of registered agent		Registered Age	nt signature rei	equired who		DATE			
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFIC				
NAME .	P PANAGO MOTODA	DEFEIE	1.1 TITLE		,v	Carles DIAKI	X	Change	Add tion	
STREET ADORESS	RAMOS, VICTOR M		1 2 NAME		GON	O MUDIUM ST				
CITY-ST-ZIP	1627 U.S. 1 SUITE 17			I ADDRESS	67	110 May 61 11196	バ ウ			
TITLE	SEBASTIAN FL V	DELETE	1.4 CITY - : 2.1 TITLE	ST - ZIP	V	BALLE, AZAEL. S. MYRHIE. ST. Ilsmene FL 3294	, <u>c</u>	Change	Addition	
NAME	CHICO, SAN JUANITA	A	2 2 NAME		Chic.	Lowski Elenater	_	7 Change	Addition	
STREET ADORESS	202 S. MULBERRY STREET			T ADDRESS	12 1	S. MuiBerry ST	•			
CHTY+ST-ZIP	FELLSMERE FL		2 4 CITY-	I						
THILE	S	DELETE	3 1 TITLE			Menter 66 329		Change	Addition	
NAME	GAMEZ, ELBA	, , , , , , , , , , , , , , , , , , ,	3.2 NAME	l,	nit-	N. MARL ANN	<i>F</i> -			
STREET ADDRESS	220 SOUTH WILLOW STREET		3 3 STREE	T ADDRESS	149	2 BEVAN DK				
C1TY-\$T-7:P	FELLSMERE FL		3.4 CITY-	S1 - 71P	' "	SEBASTIAN FL	32.95	8		
TITLE	Τ	DELETE	4 1 TITLE		D	N, MARY ANN Z BEVAN DK SEBASTIAN FL 100, SAN JUANIT 2. S. MULBERRY	Ė	Change	Addition	
NAME	Suarez, olga e		4 2 NAME		CH	100, SAN JUANIT	A			
STREET ADDRESS	130 WHITE RD. S.W.		4 3 STREET	ADDRESS	20	2. S. MULBERRY	>1			
CITY-S1-ZIP	PALM BAY FL	Contro	4.4 CITY - 5	ST - ZIP	IG	alsmene FL 32	248			
TITLE	D	₽ DELETE	51 TITLE	1	5		Ţ	Change	Addition	
NAME Assess appears	GONZALEZ, AZAEL		5.2 NAME	K	CH10	LE, DANICE	202			
STREET ADDRESS	67 SOUTH MYRTLE STREET		4	ADDRESS	20	2 S. Mulberry Ispuene fl 32	->τ (2/32)			
CITY - ST - ZIF TITLE	FELLSMERE FL 32948	™ DELETE	5.4 CITY - S	ST - ZIP	10	ISPUELL 1-6 32	770		12 144 5	
NAME	D DEDET INCE A	Morreir	61 TITLE		D_{i}	Lever Comme	<u>ا</u>	Change	Addition	
S'RÉET ADDRESS	PEREZ, JOSE A		6.2 NAME	ADDRESS	410	Lewski SIGMUR G- MULBURG	St.			
CHTY - ST - ZIP	202 S MULBERRY STREET FELLSMERE FL 32948		6 3 STREET		12.	ellsmer FL 3	() But S	·		
14. I do hereb	by certify that the information supplied v	vith this filing is voluntarily furnish	6 4 City - 9 ed and doe	s not quali	lify for th	a pyamotion etated in Spotion 110 a	7/2)/[L] Eloci	do Ctotut	las. I further	
certify that	t the information indicated on this annu	al renort or supplemental angual.	remort is tri	ie and acc	curata a	ad that my planature chall be in the s.	م اممما مصم	Haat on it	ويداه مصروب المراسم مسركا	
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:

SURVINITE NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/12/96 Daytone Phone #

CR2E037 (12/95)