

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000001242 (5)

1. Corporation Name

CASA DE BENDICION, INC.



Principal Place of Business

Mailing Address

7441 S.W. 127TH AVE.
 MIAMI FL 33183

7441 S.W. 127TH AVE.
 MIAMI FL 33183

3. Date Incorporated or Qualified
03/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 13500 Kendall Dr
 Suite, Apt. #, etc.

28 13500 Kendall Dr (88 st) 65-0567070

22 175

27 175

City & State

City & State

23 Miami FL

28 Miami, FL

24 Zip 33186

25 Country USA

29 Zip 33186

30 Country USA

4. FEI Number

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURGOS, MANUEL
 7441 S.W. 127TH AVENUE
 MIAMI FL 33183

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURGOS, MANUEL	
STREET ADDRESS	7441 S.W. 127TH AVE.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	BURGOS, MARINA F	
STREET ADDRESS	7441 S.W. 127TH AVE.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MINAYA, PEDRO J	
STREET ADDRESS	7441 S.W. 127TH AVE.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CIRIACO, ALFONSO M	
STREET ADDRESS	7441 S.W. 127TH AVE.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORALES, MELANIA R	
STREET ADDRESS	7441 S.W. 127TH AVE.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURGOS F., ESTEBAN A	
STREET ADDRESS	7441 S.W. 127TH AVE.	
CITY-ST-ZIP	MIAMI FL 33183	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MANUEL CELADO
4.3 STREET ADDRESS	15487 SW 138 Ct
4.4 CITY-ST-ZIP	Miami, FL 33177
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BENJAMIN BURGOS
5.3 STREET ADDRESS	8340 SW 154 Ave. No.63
5.4 CITY-ST-ZIP	Miami FL 33193
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MANUEL BURGOS *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/29/96

Date

(305) 385-0505

Daytime Phone #

CR2E037 (3/96)