

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000003670 (5)**  
1. Corporation Name

**CHRISTIAN BROTHERHOOD FOUNDATION, INC.**



Principal Place of Business: **7800 S.W. 56TH STREET MIAMI FL 33155**  
Mailing Address: **7800 S.W. 56TH STREET MIAMI FL 33155**

3. Date Incorporated or Qualified: **08/03/1995**  
3a. Date of Last Report: **08/03/1995**  
4. FEI Number: **65-0631149**  
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

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

9. Name and Address of Current Registered Agent  
**NUNEZ, ALEJANDRO  
6361 SUNSET DRIVE  
SOUTH MIAMI FL 33143**

10. Name and Address of New Registered Agent  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**700001794047**  
**83 -04/25/96--01023--013**  
**84 City** **\*\*\*61.25** **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 617.0503 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]* (NOTE: Registered Agent signature required when reinstating) DATE: **1/30/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DELGADO, ALBERTO M	
STREET ADDRESS	12432 S.W. 11TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RAMOS, GUIDO	
STREET ADDRESS	4415 S.W. 112TH COURT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DELGADO, MARIAM	
STREET ADDRESS	12432 S.W. 11TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALBERTO M. DELGADO	
1.3 STREET ADDRESS	12432 S.W. 11th Terrace	
1.4 CITY-ST-ZIP	Miami, Florida 33184	
2.1 TITLE	Secretary/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GUIDO RAMOS	
2.3 STREET ADDRESS	4415 S.W. 112th Court	
2.4 CITY-ST-ZIP	Miami, Florida 33165	
3.1 TITLE	V-President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARIAM DELGADO	
3.3 STREET ADDRESS	12432 S.W. 11th Terrace	
3.4 CITY-ST-ZIP	Miami, Florida 33184	
4.1 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FEDERICO WULF	
4.3 STREET ADDRESS	365 N.E. 125th Street #409	
4.4 CITY-ST-ZIP	North Miami Beach, Fl 33161	
5.1 TITLE	Executive V-Pres./D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RICHARD H. DAVIS, SR.	
5.3 STREET ADDRESS	4701 N. Federal Highway, #475	
5.4 CITY-ST-ZIP	Light House Point, Fl 33064	
6.1 TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ELLA DE LA FE	
6.3 STREET ADDRESS	6816 S.W. 89th Court	
6.4 CITY-ST-ZIP	Miami, Florida	

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 the address.

SIGNATURE: *[Signature]* **Alberto M. Delgado** **1/30/96** **073.1263**  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)

4-23-96