

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005885 (7)
 1. Corporation Name
GRUPO FOLKLORICO ESMERALDA, INC.



Principal Place of Business 1381 SEAVIEW AVENUE NO. LAUDERDALE FL 33068	Mailing Address 1381 SEAVIEW AVENUE NO. LAUDERDALE FL 33068-3909
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3. Date Incorporated or Qualified 12/14/1995	3a. Date of Last Report 06/06/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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4. FEI Number 95-0621049 65-0621049	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WAGNER, MARIA L
1381 SEAVIEW AVENUE
NO. LAUDERDALE FL 33068**

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 PTD	<input type="checkbox"/> DELETE	1.1 TITLE PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WAGNER, MARIA L		1.2 NAME Wagner Maria Lucy	
STREET ADDRESS 1381 SEAVIEW AVENUE		1.3 STREET ADDRESS 1381 Seaview	
CITY-ST-ZIP NO. LAUDERDALE FL 33068		1.4 CITY-ST-ZIP North Lauderdale Fl. 33068	
TITLE VDD	<input type="checkbox"/> DELETE	2.1 TITLE VDD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GIRALDO, GILBERTO		2.2 NAME Giraldo Gilberto	
STREET ADDRESS 1381 SEAVIEW AVENUE		2.3 STREET ADDRESS 1381 Seaview	
CITY-ST-ZIP NO. LAUDERDALE FL 33068		2.4 CITY-ST-ZIP North Lauderdale Fl. 33068	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARANGUIBEL, DIANA		3.2 NAME Lucy Angela Giraldo	
STREET ADDRESS 585 NO. UNIVERSITY DRIVE		3.3 STREET ADDRESS 1381 Seaview	
CITY-ST-ZIP PLANTATION FL 33324		3.4 CITY-ST-ZIP North Lauderdale Fl. 33068	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 do 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 *[Handwritten Signature]* DATE **5/20/97 (911) 975 4689**

CR2E037 (9/96)