

FILE NOW: FILING FEE IS \$61.25

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Apr 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005917 (7)**  
 1. Corporation Name  
**SENA FOUNDATION INC.**



Principal Place of Business <b>111-A SW 107TH AVE. SWEETWATER FL 33174</b>	Mailing Address <b>111-A SW 107TH AVE. SWEETWATER FL 33174-1417</b>
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3. Date incorporated or Qualified <b>11/20/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

4. FEI Number <b>65-0709658</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ESPINOSA, OSCAR R  
12440 SW 98TH ST.  
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	ESPINOSA, OSCAR R	
STREET ADDRESS	12440 SE 98TH ST.	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PADILLA, J. MARTIN	
STREET ADDRESS	12303 SW 133RD CT.	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PETERS, IVAN O	
STREET ADDRESS	7855 NW 12TH ST., #221	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MENDIETA, LUIS A	
STREET ADDRESS	111-A SW 107TH AVE.	
CITY - ST - ZIP	SWEETWATER FL 33174	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D. MENDOZA CARDENAL, MANUEL</b>
1.3 STREET ADDRESS	<b>12515 N. Kendall Dr. #222</b>
1.4 CITY - ST - ZIP	<b>Miami FL. 33186</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D. SANCHEZ, RAFAEL</b>
2.3 STREET ADDRESS	<b>848 BRICKELL AVE. #900</b>
2.4 CITY - ST - ZIP	<b>Miami FL. 33131</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D. SORDO JUAN F.</b>
3.3 STREET ADDRESS	<b>848 BRICKELL AVE. #900</b>
3.4 CITY - ST - ZIP	<b>Miami FL. 33131</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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: Robert B. [Signature] (President) 04/01/97 (305) 223-0070  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032795

CR2E037 (9/96)