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Secretary of State

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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002413

1. Corporation Name
TXOKO ALAI-EUSKAL ETXEA OF MIAMI INC.

Principal Place of Business
4315 NW 7TH ST. SUITE B-47
MIAMI FL 33126

Mailing Address
4315 NW 7TH ST. SUITE B-47
MIAMI FL 33126



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/30/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number APPLIED FOR 65 0901723	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LABURU, FELIX 4315 NW 7TH ST. SUITE B-47 MIAMI FL 33126				81	Name AGUSTIN UGARTE		
				82	Street Address (P.O. Box Number is Not Acceptable) 4315 N.W. 7 St. Suite B-47		
				83			
				84	City	Miami	85

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 of 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 *Agustin Ugarte* AGUSTIN UGARTE Director April 19, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELAOSTRGOL, JOSE M	1.2 NAME	Jose M. Belaustegui
STREET ADDRESS	4315 NW 7 ST	1.3 STREET ADDRESS	4315 N.W. 7 St.
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIZ, ALEXANDRO	2.2 NAME	Alejandro Maiz
STREET ADDRESS	4315 NW 7 ST	2.3 STREET ADDRESS	4315 N.W. 7 St.
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDIOLA, ANGOZ	3.2 NAME	Angel Mandiola
STREET ADDRESS	4315 NW 7 ST	3.3 STREET ADDRESS	4315 N.W. 7 St.
CITY-ST-ZIP	MIAMI FL 33126	3.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABORO, FELIX	4.2 NAME	Agustin Ugarte
STREET ADDRESS	4315 NW 9 ST	4.3 STREET ADDRESS	4315 N.W. 7 St.
CITY-ST-ZIP	MIAMI FL 33126	4.4 CITY-ST-ZIP	Miami, FL 33126
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 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, with all other like empowered.

SIGNATURE: *Agustin Ugarte* SIGNATURE REQUIRED April 19, 1999. 305 443-1182

CR2E037 (11/98)