FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

N9300005262 (1)

JUEG	ios del arte, U.S.A., in	IC.					AAN AAN BARA AN	E JANE BUKE WELFAR	ll
Principal Plac	ce of Business	Mailing Address				i logikidi oko idiol ikili diliki diliki diliki	DONA BENN DENDA FAN	<u> </u>	il
1110 BRICI STE. 810 MIAMI FL 3		1110 BRICKELL AVE. STE. 810 MIAMI FL 33139							
8.50					`	3. Date Incorporated or Qualified 11/22/1993	3a. Date of L 05/0	ast Report <b>1/1995</b>	
2. Principai i	Place of Business	2a. Mailing Address			4	4. FEI Number		Applied For	
Suite, Apt. #, etc.		26				65-0467255	Not Applicable		
22		Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional ee Required	
City & State		City & State	City & State			Election Campaign Financing	\$5.00 May Be		
Zip	Country	Zip	Countr	34		Trust Fund Contribution	AC	ded to Fees	
24	25	29	30	y	1 6	3. This corporation has liability for int		rs. 199.032,	
	9. Name and Address of Cur		1301		10	Florida Statutes  D. Name and Address of New Re	Yes No.		_
			8	Name		Traine and Address of New Me	gistered Agent		$\dashv$
LABRA	DA, IVONNE M								
45 STAR ISLAND			8:	82 Street Address (P.O. Box Number is Not Acceptable)					
	BEACH FL 33139		8:	3					
,				ļ <u>.</u>					
. •			84					Zip Code	
11. Pursuant	to the provisions of Sections 617.05 red agent, or both, in the State of Firith, and accept the obligations of, S	502 and 617.1508, Florida Statut	es, the above	named c	orporation :	submits this statement for the purpo	ose of changing it	e registered offic	~
familiar w	rith, and accept the obligations of, S	iorida. Such change was authoriz ection 617.0503. Florida Statutes	ed by the con	poration's	board of c	directors. I hereby accept the appoin	itment as register	ed agent. I am	~
SIGNATURE									
	Signature, typed or printed name of registered as		CE Registered Age	กปราชิกสาเคย	to joined when i	enistatingi	DATE		-  _
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	CR2E037 (12/95)
NAME	D	DELETE	1 1 THILE	11 THILE DT		velez de LATORA	A □ Chang	e Addition	72
	DOMINGUEZ-BARTLEY, EL	ENA	1.2 NAME		Seam	ion Island	<b>,</b> ,	^	22
STREET ADDRESS	120 WILBUR ROAD		1.3 STREET ADDRESS 4		45 3	13 Com			
CITY - ST - ZIP TITLE	BERGENFIELD NJ 07621  VPD   DELETE			1.4 CITY - ST - ZIP		ni Boach, FL 3	3139		딦찞
NAME		DELETE	21 TITLE		P/D		Chang	e 🔲 Addition	ᄀᅙ
STREET ADDRESS	IVONNE LABRADA,  ESS 45 STAR ISLAND		2.2 NAME		'				1
CITY-ST-ZIP	ANIAR W. THE COLUMN TO SERVICE STATE OF THE COLUMN TO SERVICE STATE STATE OF THE COLUMN TO SERVICE STATE ST			T ADDRESS					
THILE	D DELETE			2 4 CITY - ST - ZIP					
NAME	MERCEDES, SELLCK,		3171716		VPID	)	Chang	e 🔲 Addition	
STREET ADDRESS	2520 S.W. 99 CT.		3.2 NAME						
CITY-ST-ZIP	MIAMI FL 33165			ADORESS					
TITLE		DELETE	3 4. CITY - 4 1 TITLE	ST-ZIP					_
NAME			4 2 NAME		ļ		☐ Change	E Addition	
STREET ADDRESS			4 3 STREET						
CITY-ST-ZIP			4.4 CITY - 5			•			
TITLE		DELETE	5 1 TITLE	or - zir		<del>-10000179;</del>	<sup>2</sup> 081	Addition	_
NAME			5.2 NAME			10000179; -04/24/9601016	3 <b>0</b> 071 <sup></sup>	Addition	
STREET ADDRESS			53 STREET	ADDRESS		***61.25	k		
CITY-ST-ZIP			5 4 CITY - S	i					
TITLE		DELETE	6 1 THILE				☐ Change	Addition	$\dashv$
NAME			6.2 NAME				Change	T YOURDI	
STREET ADDRESS			6 3 STREET	ADDRESS					
CITY-ST-ZIP			6 4 CITY - S						
14 I do baraba	and the standard of the standa								1

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 attrachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED THE THAME OF SIGNING OFFICER OR DIRECTOR

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 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 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 further certify that the information indicated on 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 to runtarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify for the exempt

4/17/96 (305) 532-3070 R