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May 09 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N34038 (2)

1. Corporation Name

FRATERNIDAD NICARAGUENSE, INC.

Principal Place of Business

6850 CORAL WAY  
SUITE 507  
MIAMI FL 33155

Mailing Address

6850 CORAL WAY  
SUITE 507  
MIAMI FL 33155-1758

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
09/06/1989

3a. Date of Last Report  
04/26/1996

4. FEI Number

65-0172193

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPETMAN, VANESSA  
1300 SW 122 AVE  
APT. 123  
MIAMI FL 33184

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME COLLADO, SALVADOR L  
STREET ADDRESS 4205 W. 16TH AVE.  
CITY-ST-ZIP HIALEAH FL

TITLE DV  
NAME LOPEZ, DANILO  
STREET ADDRESS 6599 SW 127 PATH  
CITY-ST-ZIP MIAMI FL

TITLE DM  
NAME BRITTON, NORA  
STREET ADDRESS 14974 SW 93 ST  
CITY-ST-ZIP MIAMI FL

TITLE DT  
NAME KOPETMAN, VANESSA  
STREET ADDRESS 1300 SW 122 AVE., APT. 123  
CITY-ST-ZIP MIAMI FL

TITLE DS  
NAME LEEMING, VERNON D  
STREET ADDRESS 6601 SW 139 AVE.  
CITY-ST-ZIP MIAMI FL

TITLE D  
NAME PORTILLO, SOCORRO  
STREET ADDRESS 1044 SW 10 ST  
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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.

CR2E037 (9/96)