


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90022 040 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 700021**

1. Corporation Name  
**MIAMI MONTHLY MEETING OF FRIENDS, INCORPORATED**

Principal Place of Business 4900 S W 118 AVE MIAMI FL 33165	Mailing Address RODRIGUEZ, MAGALY 3220 NW 14TH TERR MIAMI FL 33125 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/25/1959
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2173379
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input 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>

9. Name and Address of Current Registered Agent

**BATISTA, ALEXIS**  
**5754 CORAL WAY**  
**MIAMI FL 33155**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BATISTA, ALEXIS	
STREET ADDRESS	5754 CORAL WYA	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, MAGALIS C	
STREET ADDRESS	3220 N.W. 14 TERR.	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CANCIO-BERMEDEZ, MA ESTELA	
STREET ADDRESS	4900 SW 118 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALISTA, ROGER	
STREET ADDRESS	1163 SW 131 AVE	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CATALA, ELISA	
STREET ADDRESS	630 E 32 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAMAYO, WALTER	
STREET ADDRESS	400 LA VILLA DR	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166-6026	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Otto Maleta	
1.3 STREET ADDRESS	10 NW 87th Ave. # b-214	
1.4 CITY-ST-ZIP	Miami, FL.	
2.1 TITLE	F.A. Garrote	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	366 East 7th St.	
2.3 STREET ADDRESS	Hialeah. Fl	
2.4 CITY-ST-ZIP	Trea.	
3.1 TITLE	S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Josefa L. Pita	
3.3 STREET ADDRESS	575 Tamiami Canal Rd	
3.4 CITY-ST-ZIP	Miami, Fl. 33144	
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 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: \_\_\_\_\_ DATE: 4/23/99

CR2E037 (11/98)