

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721342 (4)
1. Corporation Name
ORGANIZACION FRATERNAL FAMILIA AMOR, INC.

Principal Place of Business Mailing Address
1040 NW 4TH STREET 1040 NW 4TH STREET
#303 #303
MIAMI FL 33128 MIAMI FL 33128

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/13/1971 3a. Date of Last Report 06/02/1994
4. FEI Number 23-7119107 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under Ch. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEORGINA M. ALCOVER
118 SW 11TH AVE., #3
MIAMI FL 33130

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ST
NAME PATERSON, MILAGROS
STREET ADDRESS 702 NW 87TH AVE., #201
CITY - ST - ZIP MIAMI, FL 00000

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE D
NAME CABALLERO, MERCEDES
STREET ADDRESS 3160 PALM AVE
CITY - ST - ZIP HIALEAH, FL 00000

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE PD
NAME ROSA, PERERA
STREET ADDRESS 1040 N W 4TH ST
CITY - ST - ZIP MIAMI, FL 00000

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE TD
NAME PUIG, ELSA
STREET ADDRESS 2599 W. 72ND ST.
CITY - ST - ZIP HIALEAH FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE D
NAME DEL REY, ELENA
STREET ADDRESS 851 W 77TH ST
CITY - ST - ZIP HIALEAH FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 110.07(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 attachment with an address.

SIGNATURE:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95 305/324-1519
Date Daytime Phone #