

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



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

Mailing Address
**1040 NW 4TH STREET
#303
MIAMI FL 33128**

3. Date Incorporated or Qualified
07/13/1971

3a. Date of Last Report
05/01/1995

4. FEI Number
23-7119107

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

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

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	11 TITLE	ST
NAME	PATERSON, MILAGROS	12 NAME	MARIA E. PEREZ
STREET ADDRESS	702 NW 87TH AVE., #201	13 STREET ADDRESS	8770 Sunset Dr. #168, Miami, FL 3317
CITY-ST-ZIP	MIAMI, FL 00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	D
NAME	CABALLERO, MERCEDES	22 NAME	ELSIE BRITE
STREET ADDRESS	3160 PALM AVE	23 STREET ADDRESS	2110 SW 10th St
CITY-ST-ZIP	HIALEAH, FL 00000	24 CITY-ST-ZIP	MIAMI, FL 33135
TITLE	PD	31 TITLE	
NAME	ROSA, PERERA	32 NAME	
STREET ADDRESS	1040 N W 4TH ST	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	TD
NAME	PUG, ELSA	42 NAME	TERESA DIAZ
STREET ADDRESS	2599 W. 72ND ST.	43 STREET ADDRESS	P O Box 523012 Fountainbleau Blvd 216
CITY-ST-ZIP	HIALEAH FL	44 CITY-ST-ZIP	Miami FL 33172-3012 Miami FL 33172
TITLE	D	51 TITLE	
NAME	DEL REY, ELENA	52 NAME	
STREET ADDRESS	851 W 77TH ST	53 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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, upon an attachment with an address.

SIGNATURE: *Rosa Perera* **Rosa Perera, P.D 04/25/96 305/324-5185**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20037 (12/95)