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FILED
May 15 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 # 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 33128-1133



3. Date Incorporated or Qualified
07/13/1971

3a. Date of Last Report
05/01/1996

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 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

TITLE ☐ DELETE

NAME ST PEREZ, MARIA E.ROS
STREET ADDRESS 8770 SUNSET DR., #168
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ DELETE

NAME D BRITE, ELSIE
STREET ADDRESS 2110 SW 10TH STREET
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME TD DIAZ, TERESA
STREET ADDRESS FOUNTAINBLEAU BLVD. 216
CITY-ST-ZIP MIAMI FL 33172-3012

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE Rosa Perera

04/25/97

305/324-5185

CR2E037 (9/96)