

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:20

DOCUMENT # **723621** (9)
1. Corporation Name
SOCIEDAD INTERNACIONAL DE RADIO AFICIONADOS, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P. O. BOX 524071 P. O. BOX 524071
MIAMI FL 33152 MIAMI FL 33152

3. Date Incorporated or Qualified 05/08/1972 3a. Date of Last Report 06/21/1994
4. FEI Number 59-2346161 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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 S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ESTEVEZ, RAFAEL M.
1445 W. 36TH STREET
HIALEAH FL 33012

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

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	ESTEVEZ, RAFAEL M.
STREET ADDRESS	1445 W. 36TH STREET
CITY- ST- ZIP	HIALEAH FL
TITLE	D
NAME	JAIME, MARY B
STREET ADDRESS	141 NE 20TH ST
CITY- ST- ZIP	MIAMI FL
TITLE	SD
NAME	JAIME, SEBASTIAN E.
STREET ADDRESS	137 NE 20TH ST.
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	ESTEVEZ, MARTA
STREET ADDRESS	1445 W 36TH ST.
CITY- ST- ZIP	HIALEAH FL
TITLE	TD
NAME	RUISANCHEZ, NILO
STREET ADDRESS	1085 NW 26TH ST.
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	COUTIN, MARIA
STREET ADDRESS	6045 NW 3RD STREET
CITY- ST- ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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 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 included in 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
01/21/95 (305) 822-1688
RAFAEL M. ESTEVEZ, PRESIDENT