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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Jan 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

723621

information indicated on this annual report of supplif I am an officer or director of the corporation or the appears in Block 12 or Block 13 if changed, or op-

SIGNATURE:

(9)

SOCIEDAD INTERNACIONAL DE RADIO AFICIONADOS, INC

| • | | | | | | | |
|---|--|---|----------------------------|---|--|---|-------------------------------|
| Principal Place of Business Mailing Address | | | | | 4 (006/0) (04/0 (14/0 4//0 8///0 8///0 3//00) | PERE BIRIT REGES RIBIT ALUEL | VIOLO SIONI (80) |
| P. O. BOX 5240 MIAMI FL 33152 | | P. O. BOX 524071 MIAMI FL 33152-4071 | | | , | | |
| | | | | | 3. Date Incorporated or Qualified 06/08/1972 | 3a. Date of Last 02/29/1 | |
| 2. Principal Place of Business 2a. Mallin | | 2a. Malling Address 26 | ling Address | | 4. FEI Number 59-2346161 | | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | Additional Required | |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | | O May Be d to Fees | |
| Zip | Country | Zip | Country | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 8. This corporation has liability for | intangible tax under | s. 199.032, |
| 24 | 9. Name and Address of Curre | | 30 | | Florida Statutes 10. Name and Address of New Re | | |
| | 3. Name 21/2 / 1021 00 01 00 11 | | 81 | Name | 10. // // // // // // // // // // // // // | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| ESTEVE | 7 RAFAEI M | | - | Charles Add | CO Con Number to New Assessed | | |
| ESTE'VEZ, RAFAEL M. 1445 W. 36TH STREET | | | 82 | Street Add | dress (P.O. Box Number is Not Accepta | DIB) | |
| HIALEAH FL 33012 | | | 83 | | | | |
| | | | 84 | City | | FL 85 Zip | p Code |
| 11 Pursuant | to the provisions of Sections 617 Of | 502 and 617 1508 Florida Statute | e the above | a-named co | rporation submits this statement for the | | ite registered |
| office or r agent. I a SIGNATURE | m familiar with, and accept the obli | igations of, Section 617.0503, Flor | ida Statute | S. | ation's board of directors. I hereby acce | | as registered |
| 12. | Signature ityped or printed name of registered a OFFICERS A | ND DIRECTORS (NOTE: | 13. | per erutangia ins | uired when reinstating) ADDITIONS/CHANGES TO OFFI | DATE CERS AND DIRECTO | ORS IN 12 |
| TITLE | DP | DELETE | 11 TITLE | | ADDITIONG/OFFANGES TO OFF | ☐ Change | |
| NAME | ESTEVEZ, RAFAEL M. | | 1.2 NAME | | | | |
| STREET ADDRESS | 1445 W. 36TH STREET | | 1.3 STREET | ADDRESS | | i | |
| CITY-ST-ZIP | HIALEAH FL | | 1.4 CITY - S | 1 | | • • | |
| TITLE | D | DELETE | 2.1 TITLE | | | Change | e 🔲 Addition |
| NAME | JAIME, MARY B | 3 | | | | | |
| STREET ADDRESS | 141 NE 20TH ST | | 2.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL | | 2. 4 CITY - ST - ZIP | | | | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | | | ☐ Change | e 🔲 Addition |
| NAME | Jaime, sebastian e. | | 3.2 NAME | | | | |
| STREET ADDRESS | 137 NE 20TH ST. | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL | | 3.4. CITY - 1 4.1 TITLE | ST-ZIP | | | Lite |
| TITLE | D | ☐ DELETE | | | | Change | e L Addition |
| NAME | ESTEVEZ, MARTA | | 4. 2 NAME | | | | |
| STREET ADDRESS | 1445 W 36TH ST. | | | ADDRESS | | | |
| CITY-ST-ZIP TITLE | HIALEAH FL TD | DELETE | 4.4 CITY - 5 5.1 TITLE | S1 - ZIP | | Change | e Addition |
| NAME | RUISANCHEZ, NILO | _ Beech | 5.2 NAME | Ì | | | |
| STREET ADDRESS | 1085 NW 26TH ST. | | | T ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL | | 5.4 CITY - 5 | | | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | | ☐ Change | e 🔲 Addition |
| NAME | COUTIN, MARIA | | 6.2 NAME | \ | | | |
| STREET ADDRESS | 6045 NW 3RD STREET | • | 6.3 STREET | T ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL | | 6.4 CITY+ | | | | |
| 14. I do here | by certify that the information supp | lied with this king does not qualify | for the exe | emption state | ed in Section 119.07(3)(i), Florida Statut | as. I further certify th | at the |
| l am an o | of indicated on this annual report of the sorporation | or the receiver or truttee empower | ered to exec | cute this rep | at my signature shall have the same leg ort as required by Chapter 617, Florida | Statutes; and that m | y na me |