

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723621 (9)**  
 1. Corporation Name  
**SOCIEDAD INTERNACIONAL DE RADIO AFICIONADOS, INC**

Principal Place of Business P. O. BOX 524071 MIAMI FL 33152	Mailing Address P. O. BOX 524071 MIAMI FL 33152
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<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

**3.** Date Incorporated or Qualified  
**06/08/1972**

**4.** FEI Number  
**59-2346161**

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

**7.** Is this nonprofit corporation a homeowners association?  
 Yes  No

**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**

**ESTE'VEZ, 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ESTEVEZ, RAFAEL M.	
STREET ADDRESS	1445 W. 36TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAIME, MARY B	
STREET ADDRESS	141 NE 20TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JAIME, SEBASTIAN E.	
STREET ADDRESS	137 NE 20TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESTEVEZ, MARTA	
STREET ADDRESS	1445 W 36TH ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RUISANCHEZ, NILO	
STREET ADDRESS	1085 NW 26TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
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 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 zip address.

**SIGNATURE:** ESTEVEZ RAFAEL M. (PRESIDENT) **01/21/98 (305) 822-1688**

CR2E037 (10/97)