

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90253 010 ****61.25

DOCUMENT # 723621

1. Entity Name

SOCIEDAD INTERNACIONAL DE RADIO AFICIONADOS, INC.



Principal Place of Business

P O BOX 22442
HIALEAH FL 33002
US

Mailing Address

P O BOX 22442
HIALEAH FL 33002
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2346161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESTEVEZ, RAFAEL M.
1445 W. 36TH STREET
HIALEAH FL 33012

5835 W 14 COURT

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. 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	ESTEVEZ, MARTA	
STREET ADDRESS	1445 W 36 ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	COUTIN, MARIA	
STREET ADDRESS	6045 NW 3RD STREET	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>SAME</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SAME</i>	
STREET ADDRESS	<i>5835 W-14 COURT</i>	
CITY-ST-ZIP	<i>HIALEAH, FL 33012</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>SAME</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SAME</i>	
STREET ADDRESS	<i>5835 W. 14 COURT</i>	
CITY-ST-ZIP	<i>HIALEAH, FL 33012</i>	
TITLE	<i>SAME</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SAME</i>	
STREET ADDRESS	<i>5835 W. 14 COURT</i>	
CITY-ST-ZIP	<i>HIALEAH, FL 33012</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/28/04 (305) 822-1688