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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:21

DOCUMENT # 734763

(6)

1. Corporation Name

FRATERNIDAD MARTIANA, INC.

Principal Place of Business

1770 SW 3 ST., APT. #7
MIAMI FL 33135

Mailing Address

1770 SW 3 ST., APT. #7
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1975

3a. Date of Last Report

03/17/1994

4. FEI Number

59-1751550

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

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

10. Name and Address of New Registered Agent

BEAMUD, JOSE I.
3631 SW 6TH STREET
MIAMI FL 33135

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

DOMINGUEZ, LUIS F.

STREET ADDRESS

7530 S.W. 30TH TERRACE

CITY- ST- ZIP

MIAMI FL

TITLE

VD

NAME

MARQUEZ, SECUNDINO I.

STREET ADDRESS

1146 S.W. 6TH ST. #6

CITY- ST- ZIP

MIAMI FL

TITLE

S

NAME

BEAMUD, JOSE I.

STREET ADDRESS

3631 SW 6TH ST.

CITY- ST- ZIP

MIAMI FL

TITLE

D

NAME

ACOSTA, JORGE ALVAREZ

STREET ADDRESS

13501 SW 38 STREET

CITY- ST- ZIP

MIAMI FL

TITLE

D

NAME

SILVIO, MARTINEZ

STREET ADDRESS

12401 OKEECHOBEE RD. #75

CITY- ST- ZIP

HALEAH FL

TITLE

Y

NAME

BERMEOSOLO, RAFAEL

STREET ADDRESS

1770 S.W. 3RD ST. #7

CITY- ST- ZIP

MIAMI FL

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information presented 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 this address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

1/18/95

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