

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 734763 (6)

1. Corporation Name

FRATERNIDAD MARTIANA, INC.



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

12/31/1975

3a. Date of Last Report

01/27/1995

4. FEI Number

59-1751550

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

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

Same

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

83.

Same

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

(Signature, typed or printed name of registered agent and board of directors)

(NOTE: Registered Agent signature required when installing)

(Treasurer)

2-26-96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME DOMINGUEZ, LUIS F.  
STREET ADDRESS 7530 S.W. 30TH TERRACE  
CITY - ST - ZIP MIAMI FL

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS Same  
14 CITY - ST - ZIP

TITLE VD ☐ DELETE  
NAME MARQUEZ, SECUNDINO I.  
STREET ADDRESS 1146 S.W. 6TH ST. #6  
CITY - ST - ZIP MIAMI FL

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS Same  
24 CITY - ST - ZIP

TITLE S ☐ DELETE  
NAME BEAMUD, JOSE I.  
STREET ADDRESS 3631 SW 6TH ST.  
CITY - ST - ZIP MIAMI FL

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS Same  
34 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME ACOSTA, JORGE ALVAREZ  
STREET ADDRESS 13501 SW 38 STREET  
CITY - ST - ZIP MIAMI FL

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS Same  
44 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME SILVIO, MARTINEZ  
STREET ADDRESS 12401 OKEECHOBEE RD. #75  
CITY - ST - ZIP HIALEAH FL

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS Same  
54 CITY - ST - ZIP

TITLE T ☐ DELETE  
NAME BERMEOLO, RAFAEL  
STREET ADDRESS 1770 S.W. 3RD ST. #7  
CITY - ST - ZIP MIAMI FL

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS Same  
64 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 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 an address.

SIGNATURE:

Rafael Bermeo

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2-26-96

Date

Daytime Phone #

CR2E037 (12/95)