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FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 331351770 SW 3 ST., APT. #7
MIAMI FL 33135-20633. Date Incorporated or Qualified
12/31/19753a. Date of Last Report
02/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

Rafael Bermeoso

(Treasurer)

1-09-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	DOMINGUEZ, LUIS F.	
STREET ADDRESS	7530 S.W. 30TH TERRACE	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Same
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARQUEZ, SECUNDINO I.	
STREET ADDRESS	1146 S.W. 6TH ST. #6	
CITY-ST-ZIP	MIAMI FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Same
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> DELETE
NAME	BEAMUD, JOSE I.	
STREET ADDRESS	3631 SW 6TH ST.	
CITY-ST-ZIP	MIAMI FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Same
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ACOSTA, JORGE ALVAREZ	
STREET ADDRESS	13501 SW 38 STREET	
CITY-ST-ZIP	MIAMI FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Same
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVIO, MARTINEZ	
STREET ADDRESS	12401 OKEECHOBEE RD. #75	
CITY-ST-ZIP	HIALEAH FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Same
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	BERMEOSO, RAFAEL	
STREET ADDRESS	1770 S.W. 3RD ST. #7	
CITY-ST-ZIP	MIAMI FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Same
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-09-97

Date

Daytime Phone # 0028063

CR2E037 (9/96)