

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90010 042 ****61.25

0030070

DOCUMENT # 734763

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



SAME.

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/31/1975

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

9. Name and Address of Current Registered Agent

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

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

Rafael Bermeoso
(Signature, typed or printed name of registered agent and title if applicable.)

(TREASURER)
(NOTE: Registered Agent signature required when reinstating.)

2-18-99.
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **T**
BERMEOSOLO, RAFAEL
STREET ADDRESS **1770 S.W. 3RD ST. #7**
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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, with all other like empowered.

SIGNATURE:

Rafael Bermeoso
(Signature and typed or printed name of signing officer or director)

2-18-99
Date

305-642-8856
Daytime Phone #

CR2E037 (1/1/98)