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**Apr 25 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 741144 (0)

1. Corporation Name
ACCION REDENTORA INCORPORATED



Principal Place of Business Mailing Address
2001 NW 8TH TERRACE MIAMI FL 33125-0508 **2001 NW 8TH TERRACE MIAMI FL 33125-3507**

3. Date Incorporated or Qualified **12/01/1977** 3a. Date of Last Report **03/14/1996**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-1801568** 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

**SUAREZ, HEBER
2001 NW 8TH TERR.
MIAMI FL 33125**

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **PD**
NAME **SUAREZ, HEBER**
STREET ADDRESS **2001 NW 8TH TERR**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SD**
NAME **MARTINEZ, VINCENTE**
STREET ADDRESS **4791 N.W. 5TH ST**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD**
NAME **LOPEZ, FLORENTINO R.**
STREET ADDRESS **6252 SW 39 TERR**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VD**
NAME **DOMINGUEZ, JESUS**
STREET ADDRESS **2240 NW 9TH ST**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D**
NAME **ABREU, SANTIAGO**
STREET ADDRESS **1329 SLW 15TH ST.**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
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.

[Handwritten Signature] 4 17 97 1127212

CR2E037 (9/96)