

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **742100** (1)

1. Corporation Name

MOVIMIENTO DE RECUPERACION REVOLUCIONARIA (M.R.R.) INC.

Principal Place of Business

**4545 N.W. 7TH STREET
SUITE NO. 11
MIAMI FL 33135**

Mailing Address

**4545 N.W. 7TH STREET
SUITE NO. 11
MIAMI FL 33135**

FILED

**Aug 02, 1996 08:00 AM
Secretary of State**



2. Principal Place of Business

21 6320 S.W. 92 Court

Suite, Apt. #, etc.

22 N.A.

City & State

23 Miami, Florida

Zip

24 33173

Country

25 USA

2a. Mailing Address

26 6320 SW 92 Court

Suite, Apt. #, etc.

27 N.A.

City & State

28 Miami, Florida

Zip

29 73

Country

30 USA

3. Date Incorporated or Qualified

03/29/1978

3a. Date of Last Report

09/18/1995

4. FEI Number

NOT APPLICABLE

☒ 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

**SALAS, OSCAR A
6320 S.W. 92 CT
MIAMI FL 33173**

10. Name and Address of New Registered Agent

81 Name

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

83

400001912384

-08/05/96--01032--002

84 City

*****70.00**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P DOMINGUEZ, RAMON ☒ DELETE
432 NW 23 PLACE
MIAMI FL 33125

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V SALAS, OSCAR A ☒ DELETE
6320 SW 92 CT
MIAMI FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ABREU-KIRSCHNER, ALICIA ☒ DELETE
9768 CORAL WAY
MIAMI FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ARTAUD, LUIS F ☒ DELETE
4865 SW 149 CT UNIT E
MIAMI FL 33185

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ASION, JULIAN ☒ DELETE
269 PALM AVE
PALM ISLAND, MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D MERCONCHINI, JOSE ☒ DELETE
9510 S.W. 28TH ST
MIAMI FL 33165

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Secretary General (P) ☒ Change ☐ Addition
Oscar A. Salas
6320 SW 92 Court
Miami, FL. 33173

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Vice Secretary General (VP) ☒ Change ☐ Addition
Nilo Messer
7801 SW 29 Terrace
Miami, FL. 33155

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
T VS ☒ Change ☐ Addition
Alicia Abreu
7755 SW 87 Ave. Suite 120
Miami, FL. 33173

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
VT ☒ Change ☐ Addition
Julian Asion
269 Palm Ave.
Palm Island, Miami Beach, FL 33139

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
S ☐ Change ☐ Addition
Rene Cancio
6430 SW 109 Ave
Miami, FL.

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
D ☐ Change ☐ Addition
Ernestino Abreu-Horta
11911 SW 122 Av.
Miami, Fla. 33186

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oscar A. Salas Date **July 31/96** (305) 271-5221

Daytime Phone #

CR2E037 (3/96)