

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

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

DOCUMENT # **742100 (1)**

1. Corporation Name  
**MOVIMIENTO DE RECUPERACION REVOLUCIONARIA (M.R.R.) INC.**



Principal Place of Business Mailing Address  
**4545 N.W. 7TH STREET SUITE NO. 11 MIAMI FL 33135**

3. Date Incorporated or Qualified **03/29/1978** 3a. Date of Last Report **09/18/1995**

2. Principal Place of Business 2a. Mailing Address  
**6320 S.W. 92 Court 6320 SW 92 Court**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**N.A. N.A.**

City & State City & State  
**Miami, Florida Miami, Florida**

Zip Country Zip Country  
**33173 USA 73 USA**

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  
**400001912384  
 -08/05/96--01032--002  
 \*\*\*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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>Secretary General (P)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOMINGUEZ, RAMON</b>	1.2 NAME	<b>Oscar A. Salas</b>
STREET ADDRESS	<b>432 NW 23 PLACE</b>	1.3 STREET ADDRESS	<b>6320 SW 92 Court</b>
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	1.4 CITY-ST-ZIP	<b>Miami, Fl. 33173</b>
TITLE	<b>V</b>	2.1 TITLE	<b>Vice Secretary General (VP)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALAS, OSCAR A</b>	2.2 NAME	<b>Nilo Messer</b>
STREET ADDRESS	<b>6320 SW 92 CT</b>	2.3 STREET ADDRESS	<b>7801 SW 29 Terrace</b>
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	2.4 CITY-ST-ZIP	<b>Miami, FL 33155</b>
TITLE	<b>D</b>	3.1 TITLE	<b>T VS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABREU-KIRSCHNER, ALICIA</b>	3.2 NAME	<b>Alicia Abreu</b>
STREET ADDRESS	<b>9768 CORAL WAY</b>	3.3 STREET ADDRESS	<b>7755 SW 87 Ave. Suite 120</b>
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	3.4 CITY-ST-ZIP	<b>Miami, Fl. 33173</b>
TITLE	<b>D</b>	4.1 TITLE	<b>VT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARTAUD, LUIS F</b>	4.2 NAME	<b>Julian Asion</b>
STREET ADDRESS	<b>4865 SW 149 CT UNIT E</b>	4.3 STREET ADDRESS	<b>269 Palm Ave.</b>
CITY-ST-ZIP	<b>MIAMI FL 33185</b>	4.4 CITY-ST-ZIP	<b>Palm Island, Miami Beach, FL 33139</b>
TITLE	<b>D</b>	5.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ASION, JULIAN</b>	5.2 NAME	<b>Rene Cancio</b>
STREET ADDRESS	<b>269 PALM AVE</b>	5.3 STREET ADDRESS	<b>6430 SW 109 Ave</b>
CITY-ST-ZIP	<b>PALM ISLAND, MIAMI BEACH FL 33139</b>	5.4 CITY-ST-ZIP	<b>Miami, FL</b>
TITLE	<b>D</b>	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERCONCHINI, JOSE</b>	6.2 NAME	<b>Ernestino Abreu-Horta</b>
STREET ADDRESS	<b>9510 S.W. 29TH ST</b>	6.3 STREET ADDRESS	<b>11911 SW 122 Av.</b>
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	6.4 CITY-ST-ZIP	<b>Miami, Fla. 33186</b>

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 *Oscar A. Salas* Date **July 31/96** (305) 271-5221  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **OSCAR A. SALAS** Daytime Phone # **271-5221**

CR2E037 (3/96)