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May 21 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 # 742100 (1)
1. Corporation Name
MOVIMIENTO DE RECUPERACION REVOLUCIONARIA (M.R.R.) INC.



Principal Place of Business: 6320 S.W. 92ND CT. MIAMI FL 33173
Mailing Address: 6320 S.W. 92ND CT. MIAMI FL 33173-2314

3. Date Incorporated or Qualified: 03/29/1978
3a. Date of Last Report: 08/02/1996
4. FEI Number: 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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 Country

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
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	MESSER, NILO	
STREET ADDRESS	7801 SW 29TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	SR P	<input type="checkbox"/> DELETE
NAME	SALAS, OSCAR A	
STREET ADDRESS	6320 SW 92 CT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	DAS T	<input type="checkbox"/> DELETE
NAME	ABREU, ALICIA	
STREET ADDRESS	7755 SW 87TH AVE. STE 120	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	OANCIO, RENE MARIA CRISTINA MESSER	
STREET ADDRESS	6430 SW 109 AVE. 7801 SW 29th Terrace	
CITY-ST-ZIP	MIAMI FL MIAMI, FL. 33155	
TITLE	SR D	<input type="checkbox"/> DELETE
NAME	ASION, JULIAN	
STREET ADDRESS	269 PALM AVE	
CITY-ST-ZIP	PALM ISLAND, MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABREU-HORTA, ERNESTINO	
STREET ADDRESS	11911 SW 122 AVE.	
CITY-ST-ZIP	MIAMI FL 33186	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P SALAS OSCAR A.
2.3 STREET ADDRESS	6320 SW 92 CT
2.4 CITY-ST-ZIP	Miami, FL. 33173
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T ABREU ALICIA
3.3 STREET ADDRESS	7755 87th Ave Ste 120
3.4 CITY-ST-ZIP	MIAMI, FL. 33173
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S MARIA CRISTINA MESSER
4.3 STREET ADDRESS	7801 SW 29th Terrace
4.4 CITY-ST-ZIP	MIAMI, FL. 33155
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D ASION JULIAN
5.3 STREET ADDRESS	269 PALM AVE.
5.4 CITY-ST-ZIP	PALM ISLAND, MIAMI BEACH FL. 33139
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Oscar A. Salas Date: _____ Daytime Phone #: 0032702

CR2E037 (9/96)