


FILE NOW: FILING FEE IS \$61.25

FILED

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. 82ND CT. MIAMI FL 33173			Mailing Address 6320 S.W. 82ND CT. MIAMI FL 33173-2314		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		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 <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent SALAS, OSCAR A 6320 S.W. 82 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	SALAS, OSCAR A.				
2.3 STREET ADDRESS	6320 SW 92 CT				
2.4 CITY - ST - ZIP	MIAMI, FL. 33173				
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	ABREU, ALICIA				
3.3 STREET ADDRESS	7755 87th Ave Ste 120				
3.4 CITY - ST - ZIP	MIAMI, FL. 33173				
4.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	MARIA CRISTINA MESSER				
4.3 STREET ADDRESS	7801 SW 29th Terrace				
4.4 CITY - ST - ZIP	MIAMI, FL. 33155				
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME	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 REQUIRED <i>Oscar A. Salas</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032702					

CR2E037 (9/96)