

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 24, 1999 8:00 am**  
**Secretary of State**

08-24-1999 90005 020 \*\*\*\*70.00

**DOCUMENT # 742100**

1. Corporation Name

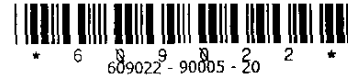
**MOVIMIENTO DE RECUPERACION REVOLUCIONARIA (M.R.R.) INC.**

Principal Place of Business

6320 S.W. 92ND CT.  
MIAMI FL 33173

Mailing Address

6320 S.W. 92ND CT.  
MIAMI FL 33173



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**03/29/1978**

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

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

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VP**  
**MESSER, NILO**  
**7801 SW 29TH TERRACE**  
**MIAMI FL 33155**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**T**  
**ABREU, ALICIA**  
**7755 87TH AVE, STE. 120**  
**MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S**  
**MESSER, MARIA CRISTINA**  
**7801 S.W. 29TH TERRACE**  
**MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**  
**ASION, JULIAN**  
**269 PALM AVE.**  
**PALM ISLAND, MIAMI BEACH FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**  
**ABREU-HORTA, ERNESTINO**  
**11911 SW 122 AVE.**  
**MIAMI FL 33186**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**SECRETARY August 18/99 (305) 271-5221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #

CR2E037 (5/99)