

**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. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED  
 96 JUN 26 PM 5:14  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 760663 (5)**  
 1. Corporation Name

**LIGA ECUATORIANA DE FLORIDA INC**



Principal Place of Business: 12227 S.W. 132ND COURT MIAMI FL 33186  
 Mailing Address: 12227 S.W. 132ND COURT MIAMI FL 33186

3. Date Incorporated or Qualified: 11/10/1981  
 3a. Date of Last Report: 05/24/1995  
 4. FEI Number: 59-1102060  
 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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**VALERO, MARTHA F**  
**8899 D S.W. 133RD COURT**  
**MIAMI FL 33186**

10. Name and Address of New Registered Agent  
 81 Name: **GUSTAVO KING**  
 82 Street Address (P.O. Box Number is Not Acceptable): **4216 S.W. 154 Ct**  
 83 City, State, Zip: **Miami FL 33186**  
 84 City: **Miami** 85 Zip Code: **FL 33186**

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		DELETED
TITLE	V	<input type="checkbox"/>
NAME	VALERO, MARTHA F	
STREET ADDRESS	8899 D S.W. 133RD COURT	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/>
NAME	VERGARA,	
STREET ADDRESS	10190 S.W. 137 COURT	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/>
NAME	VALERO, CARLOS	
STREET ADDRESS	8899 D S.W. 133RD COURT	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	T	<input type="checkbox"/>
NAME	GUEVARA, JAIME E	
STREET ADDRESS	9737 S.W. 147TH COURT	
CITY - ST - ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	GUSTAVO KING		
1.3 STREET ADDRESS	4216 S.W. 154 Ct		
1.4 CITY - ST - ZIP	Miami FL 33186		
2.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Cecilia BARRAQUE		
2.3 STREET ADDRESS	7380 N. AUGUSTA DR.		
2.4 CITY - ST - ZIP	Miami FL 33015		
3.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Betty OJA		
3.3 STREET ADDRESS	7801 S.W. 148 AVE		
3.4 CITY - ST - ZIP	Miami FL 33193		
4.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	JAIME GUEVARA		
4.3 STREET ADDRESS	10942 S.W. 153 AVE		
4.4 CITY - ST - ZIP	Miami FL 33196		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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]* 6/7/96 (305) 376-8770  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Cecilia Barraque  
 Date: 6/7/96 Daytime Phone #: (305) 376-8770

CR2E037 (3/96)