

FILE NOW: FILING FEE AFTER MAY.1 IS \$155.00

APPROVED AND FILED

95 MAY -1 AM 9:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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17290.00 **130.00
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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # C10246 (2)

1. Corporation Name
JOSE MARTI PEREZ LODGE NO. 371 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business Mailing Address

**C/O WILLIAM G WOLF
220 OCEAN ST
JACKSONVILLE FL 32202**

**C/O WILLIAM G WOLF
220 OCEAN ST
JACKSONVILLE FL 32202**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 29. Country

25. Country 30. Country

3. Date Incorporated or Qualified **06/30/1992** 3a. Date of Last Report **07/14/1994**

4. FEI Number **58-1886706** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**WOLF, WILLIAM G.
220 OCEAN ST
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0405, Florida Statutes.

SIGNATURE: *Adam A. Perez* **23 FEB 95**

12. OFFICERS AND DIRECTORS

TITLE	WMD
NAME	BEAMUD JOSE IGNACIO
STREET ADDRESS	3631 SW 8TH ST.
CITY - ST - ZIP	MIAMI FL 33135-2520
TITLE	SD
NAME	PEREZ, ADAM ARNOLD
STREET ADDRESS	440 EAST 23RD ST.
CITY - ST - ZIP	HALEAH FL 33013
TITLE	SWD
NAME	MIGUEL MARTINEZ
STREET ADDRESS	8758 SW 12TH ST. # 204
CITY - ST - ZIP	MIAMI FL 33174-3335
TITLE	JWD
NAME	PADRON PORFIRO
STREET ADDRESS	P.O. BOX 640092 N/A
CITY - ST - ZIP	MIAMI FL 33175-7221
TITLE	TD
NAME	RODRIGUEZ ERNESTO
STREET ADDRESS	2234 WEST 53RD PLACE
CITY - ST - ZIP	HALEAH FL 33016-7023
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER /D
1.2 NAME	MIGUEL MARTINEZ
1.3 STREET ADDRESS	8758 SW 12TH ST #204
1.4 CITY - ST - ZIP	MIAMI FL 33174-3335
2.1 TITLE	SECRETARY /D
2.2 NAME	ADAM ARNOLD PEREZ
2.3 STREET ADDRESS	440 EAST 23RD ST.
2.4 CITY - ST - ZIP	HALEAH FL 33013-3940
3.1 TITLE	SENIOR WARDEN /D
3.2 NAME	MIGUEL C MORALES
3.3 STREET ADDRESS	10000 N.W. 80TH CT.
3.4 CITY - ST - ZIP	HALEAH GARDENS FL 33016-22
4.1 TITLE	JUNIOR WARDEN /D
4.2 NAME	JOSE PARDO
4.3 STREET ADDRESS	13295 S.W. 72ND TERR
4.4 CITY - ST - ZIP	MIAMI FL 33183
5.1 TITLE	TREASURER /D
5.2 NAME	RAFAEL BERMEOSOLO
5.3 STREET ADDRESS	1770 SW 3RD ST #7
5.4 CITY - ST - ZIP	MIAMI FL 33135-2063
6.1 TITLE	
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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: *Adam A. Perez* **10 APR 95 (305) 880-2108**

ADAM A. PEREZ