

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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



3. Date Incorporated or Qualified **06/30/1992** 3a. Date of Last Report **03/21/1995**

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

4. FEI Number **59-1886706** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
200001773072
-04/09/96--01011--001
83
84 City *****1960.00** 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 617.0903, Florida Statutes.

SIGNATURE *[Signature]*
Signature and printed name of registered agent and one of its associates

(NOTE: Registered Agent Signature required with all registrations) **2/16/96** DATE

12. OFFICERS AND DIRECTORS

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, MIGUEL	
STREET ADDRESS	8758 SW 12TH ST., #204	
CITY-ST-ZIP	MIAMI FL 33174-3335	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PEREZ, ADAM ARNOLD	
STREET ADDRESS	440 EAST 23RD ST.	
CITY-ST-ZIP	HIALEAH FL 33013-3940	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	MORALES, WIEL C.	
STREET ADDRESS	10000 N.W. 80TH CT.	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016-22	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	PARDO, JOSE	
STREET ADDRESS	13295 S.W. 72ND TERR	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BERMEOSOLO, RAFAEL	
STREET ADDRESS	1770 SW 3RD ST. #7	
CITY-ST-ZIP	MIAMI FL 33135-2063	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	WORSHIPFUL MASTER (D)
12 NAME	WIEL C MORALES
13 STREET ADDRESS:	10000 N W 80TH CT. #2450
14 CITY-ST-ZIP	HIALEAH GARDENS FL 33016-2233
21 TITLE	SENIOR WARDEN (D)
22 NAME	JOSE PARDO
23 STREET ADDRESS:	13295 S.W. 72ND TERR
24 CITY-ST-ZIP	MIAMI FL 33183
31 TITLE	JUNIOR WARDEN (D)
32 NAME	JUAN JOSE LLOREDO
33 STREET ADDRESS:	5554 WEST 27 LANE
34 CITY-ST-ZIP	HIALEAH FL 33016
41 TITLE	TREASURER (D)
42 NAME	SILVIO R MARTINEZ
43 STREET ADDRESS:	12401 W OKEFCHOREE RD
44 CITY-ST-ZIP	HIALEAH GARDENS FL 33016-2929
51 TITLE	SECRETARY (D)
52 NAME	WILLIAM GUZMAN
53 STREET ADDRESS:	5424 NW 169TH ST
54 CITY-ST-ZIP	MIAMI FL 33055
61 TITLE	
62 NAME	
63 STREET ADDRESS:	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection of the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfers to Minors Act (UTMA); 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, unchanged, or as an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **02/16/96** Page Phone #

CR2E037 (12/95)