

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10246 (2)

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



Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202	Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202-3218
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3. Date Incorporated or Qualified 06/30/1992	3a. Date of Last Report 04/08/1996
4. FEI Number 69-1886706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc 27. City & State 28. Zip 29. Country
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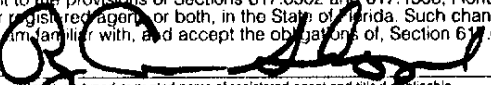
9. Name and Address of Current Registered Agent

**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)
83. **000002142590**
~~04/14/97-01040-022~~
84. City *****2633.75 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: **2-3-97**

12. OFFICERS AND DIRECTORS

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	MORALES, WIEL C	
STREET ADDRESS	10000 N.W. 80TH CT #2450	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016-2233	
TITLE	SW	<input type="checkbox"/> DELETE
NAME	PARDO, JOSE	
STREET ADDRESS	13295 S.W. 72ND TERR	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	LLOREDO, JUAN J	
STREET ADDRESS	5554 WEST 27 LANE	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, SILVIO R	
STREET ADDRESS	12401 W OKEECHOBEE RD	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016-2029	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GUZMAN, WILLIAM	
STREET ADDRESS	5424 NW 169TH ST	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER D
1.2 NAME	Jose Pardo
1.3 STREET ADDRESS	13295 SW 72nd Terr
1.4 CITY-ST-ZIP	Miami FL 33183
2.1 TITLE	SENIOR WARDEN D
2.2 NAME	Juan Jose Lloredo
2.3 STREET ADDRESS	5554 West 27 Lane
2.4 CITY-ST-ZIP	Hialeah FL 33016
3.1 TITLE	JUNIOR WARDEN D
3.2 NAME	William Guzman
3.3 STREET ADDRESS	5424 NW 169th St
3.4 CITY-ST-ZIP	Miami FL 33055
4.1 TITLE	TREASURER D
4.2 NAME	Miguel Martinez
4.3 STREET ADDRESS	8758 SW 12th St #204
4.4 CITY-ST-ZIP	Miami FL 33174-3335
5.1 TITLE	SECRETARY D
5.2 NAME	Alberto Acosta-Tijero
5.3 STREET ADDRESS	Jose Marti Lodge #371
5.4 CITY-ST-ZIP	145 So. Royal Ponceana Blvd. Miami Springs, FL 33166
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 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:  **Jose Pardo** 3/6/97 305-3885009

CH2L037 (9/96)