

FILE NOW: FILING FEE IS \$61.25

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May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 06/30/1992	
4. FEI Number 59-1886706	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country	25 Country	29 Country	30 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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)
83
84 City
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]* DATE **2/13/98**

12. OFFICERS AND DIRECTORS

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	PARDO, JOSE	
STREET ADDRESS	13295 SW 72ND TERR	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	LLOREDO, JUAN JOSE	
STREET ADDRESS	5554 WEST 27 LANE	
CITY-ST-ZIP	HALEAH FL 33016	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	GUZMAN, WILLIAM	
STREET ADDRESS	5424 NW 169TH ST	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	TD	<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	ACOSTA-TIJERO, ALBERTO	
STREET ADDRESS	145 SO. ROYAL PONCIANA BLVD	
CITY-ST-ZIP	MIAMI SPRINGS FL 33168	
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)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Juan Jose Lloredo	
1.3 STREET ADDRESS	5554 West 27 Lane	
1.4 CITY-ST-ZIP	Hialeah FL 33016	
2.1 TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alberto Acosta	
2.3 STREET ADDRESS	1560 N W 3rd St #11	
2.4 CITY-ST-ZIP	Miami FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	SENIOR WARDEN (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William Guzman	
3.3 STREET ADDRESS	5424 NW 169th St	
3.4 CITY-ST-ZIP	Miami FL 33055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Armando Binelo	
4.3 STREET ADDRESS	142 W 35th St	
4.4 CITY-ST-ZIP	Hialeah FL 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	TREASURER (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Juan J Labrador	
5.3 STREET ADDRESS	10251 N. W. 80th Ct. #519	
5.4 CITY-ST-ZIP	Hialeah Gardens FL 33016-2277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]* **904-354-2339**
March 17-1998 A. Acosta Tijero

CR2E037 (10/97)