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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10246

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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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	3. Date Incorporated or Qualified 06/30/1992	4. FEI Number 59-1886706	Applied For 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		

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	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: N/A (NOTE: Registered Agent signature required when reinstating) DATE: N/A

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BINELO, ARMANDO	
STREET ADDRESS	142 W 35TH STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	SWD	<input checked="" type="checkbox"/> DELETE
NAME	LLOREDO, JUAN JOSE	
STREET ADDRESS	5554 WEST 27 LANE	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	JWD	<input checked="" type="checkbox"/> DELETE
NAME	GUZMAN, WILLIAM	
STREET ADDRESS	5424 NW 169TH ST	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	TD	<input checked="" 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	1560 NW 3RD STREET #11	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LABRADO, JUAN J	
STREET ADDRESS	10251 NW 80TH COURT #519	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	

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	William Guzman
1.3 STREET ADDRESS	5424 NW 169th St
1.4 CITY-ST-ZIP	Miami FL 33055
2.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joaquin Francisco Maury
2.3 STREET ADDRESS	2735 W 52nd St
2.4 CITY-ST-ZIP	Hialeah FL 33016
3.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Alejandro I Ferrer
3.3 STREET ADDRESS	13501 N E 22ND CT
3.4 CITY-ST-ZIP	N MIAMI FL 33181
4.1 TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Raul Santana
4.3 STREET ADDRESS	6039 Collins Ave
4.4 CITY-ST-ZIP	Miami FL 33140-2257
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 3/8/99 DAYTIME PHONE #: (305) 621-0234

CRZE037 (11/98)