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**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 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 ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*N/A*

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **BINELO, ARMANDO**  
STREET ADDRESS **142 W 35TH STREET**  
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **SWD** ☒ DELETE  
NAME **LLOREDO, JUAN JOSE**  
STREET ADDRESS **5554 WEST 27 LANE**  
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **JWD** ☒ DELETE  
NAME **GUZMAN, WILLIAM**  
STREET ADDRESS **5424 NW 169TH ST**  
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **TD** ☒ DELETE  
NAME **MARTINEZ, MIGUEL**  
STREET ADDRESS **8758 SW 12TH ST #204**  
CITY-ST-ZIP **MIAMI FL 33174-3335**

TITLE ☒ **SD** ☐ DELETE  
NAME **ACOSTA-TJERO, ALBERTO**  
STREET ADDRESS **1560 NW 3RD STREET #11**  
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **T** ☒ 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) ☒ Change ☐ 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 ☐ Change ☐ Addition  
2.2 NAME **SENIOR WARDEN** (D) ☒  
2.3 STREET ADDRESS **Joaquin Francisco Maury**  
2.4 CITY-ST-ZIP **2735 W 52nd St**

3.1 TITLE **Hialeah FL 33016** Change ☐ Addition  
3.2 NAME **JUNIOR WARDEN** (D) ☒  
3.3 STREET ADDRESS **Alejandro I Ferrer**  
3.4 CITY-ST-ZIP **13501 N E 22ND CT**

4.1 TITLE **N MIAMI FL 33181** Change ☐ Addition  
4.2 NAME **TREASURER** (D) ☒  
4.3 STREET ADDRESS **Raul Santana**  
4.4 CITY-ST-ZIP **6039 Collins Ave**

5.1 TITLE **Miami FL 33140-2257** Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/99 (305) 621-0234**

Date

Daytime Phone #

CR2E037 (11/98)