


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90101 035 ****61.25

DOCUMENT # N03000006256	
1. Entity Name FRATERNIDAD INDOAMERICANA, INC.	

Principal Place of Business 9131 SW 170TH STREET MIAMI, FL 33157	Mailing Address 9131 SW 170TH STREET MIAMI, FL 33157
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2. Principal Place of Business 14311 SW 90TH TERR	3. Mailing Address 14311 SW 90TH TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI - FL	City & State MIAMI - FL
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Zip 33186	Country USA	Zip 33186	Country USA
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04072004 Chg-NP CR2E037 (10/03)

4. FEI Number 33-1065161	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUIROZ, JUAN 9131 SW 170TH STREET MIAMI, FL 33157

7. Name and Address of New Registered Agent Name JOSE ZORRILLA Street Address (P.O. Box Number is Not Acceptable) 14311 SW 90 TERR City MIAMI FL Zip Code 33186

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jose Zorrilla* **JOSE ZORRILLA** 04.19.04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUIROZ, JUAN 9131 SW 170TH STREET MIAMI, FL 33157 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MESSARINA, CESAR 15609 SW 73 CIR. #811 MIAMI, FL 33193 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZORRILLA, JOSE 14311 SW 90TH TERRACE MIAMI, FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASTAFION, FRANK 4350 NW 79TH AVE. #1-B MIAMI, FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEVALLOS, CESAR 15328 SW 80TH ST. MIAMI, FL 33193 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MESSARINA, CESAR 15609 SW 73 CIR-TERR #811 MIAMI FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose Zorrilla* **JOSE ZORRILLA** 04.19.04 (305)385-2388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #