

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08647 (2)
1. Corporation Name
ASOCIACION BORINCANOS UNIDOS DE FLORIDA, INC.



Principal Place of Business
**9370 NW 34TH CT.
SUNRISE FL 33351
US**

Mailing Address
**P. O. BOX 100077
FT. LAUDERDALE FL 33310
US**

3. Date Incorporated or Qualified 04/11/1985	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2573579	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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEREZ, MERCEDES
9370 N.W. 34TH CT.
SUNRISE FL 33351**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	PEREZ, MERCEDES	1.2 NAME	JULIO ALVARDO
STREET ADDRESS	9370 NW 34TH CT	1.3 STREET ADDRESS	8030 Hamptons Blvd.Apt. 301
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	North Lauderdale, FL 33068
TITLE	TD	2.1 TITLE	VD
NAME	MERCADO, CARMEN	2.2 NAME	MERCEDES PEREZ
STREET ADDRESS	2333 N.W. 87TH AVE.	2.3 STREET ADDRESS	9370 N. W. 34th Ct.
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	Sunrise, FL 33351
TITLE	SD	3.1 TITLE	SD
NAME	CULLINGFORD, AMPARO	3.2 NAME	AMPARO CULLINGFORD
STREET ADDRESS	1701 SW 23 TERR.	3.3 STREET ADDRESS	1701 S.W. 23 Terrace
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33312
TITLE	VD	4.1 TITLE	TD
NAME	AVILES, MARGARITA	4.2 NAME	CARMEN MERCADO
STREET ADDRESS	138 SW 24TH AVE.	4.3 STREET ADDRESS	2333 N.W. 87 Avenue
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	Sunrise, FL 33322
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)