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FILED

Apr 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. McSham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # N08647 (2)  
1. Corporation Name  
ASOCIACION BORINCANOS UNIDOS DE FLORIDA, INC.Principal Place of Business  
8070 NW 34TH CT.  
SUNRISE FL 33351  
US  
Mailing Address  
P. O. BOX 100077  
FT. LAUDERDALE FL 33310-0077  
US

3. Date Incorporated or Qualified 04/11/1985	3a. Date of Last Report 03/06/1996
4. FEI Number 59-2573579	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 21 138 SW 24 Ave.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 FT. Lauderdale, FL	27 City & State
24 Zip 33312	25 Country Broward
28 Zip	30 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 Margarita Aviles	85 Zip Code 33312
82 Street Address (P.O. Box Number is Not Acceptable) 138 SW 24 Ave.	
83	
84 City FT. Lauderdale FL	

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 *Margarita R. Aviles, President* DATE 2/28/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALVARDO, JULIO		1.2 NAME Margarita Aviles - PD	
STREET ADDRESS 8030 HAMPTONS BLVD, APT. 301		1.3 STREET ADDRESS 138 SW 24 Ave.	
CITY-ST-ZIP NORTH LAUDERDALE FL		1.4 CITY-ST-ZIP FT. Lauderdale, FL 33312	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE Vice President - VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEREZ, MERCEDES		2.2 NAME Amparo Cullingford	
STREET ADDRESS 9370 NW 34TH COURT		2.3 STREET ADDRESS 1701 SW 23rd Terr.	
CITY-ST-ZIP SUNRISE FL		2.4 CITY-ST-ZIP Fort Lauderdale 33312	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CULLINGFORD, AMPARO		3.2 NAME Tammy Taylor - SD	
STREET ADDRESS 1701 SW 23 TERR.		3.3 STREET ADDRESS 6720 Camelia ST.	
CITY-ST-ZIP FT. LAUDERDALE FL		3.4 CITY-ST-ZIP Miramar, FL 33123	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARMEN, MERCADO		4.2 NAME Mercedes Perez - TD	
STREET ADDRESS 2333 NW 87TH AVENUE		4.3 STREET ADDRESS 9370 NW 34th Ct.	
CITY-ST-ZIP SUNRISE FL		4.4 CITY-ST-ZIP SUNRISE, FL 33351	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Margarita R. Aviles* DATE 2/28/97 954-584-6354  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)