FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
20 PM 12:57
STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N17442** **(7)**

1. Corporation Name

LA HERMANDAD DEL SENOR DE LOS MILAGROS DE MIAMI, DADE COUNTY, INC.

Principal Place of Business	Mailing Address
3220 N.W. 7TH AVE. MIAMI FL 33127	3220 N.W. 7TH AVE. MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/16/1986**
3a. Date of Last Report: **07/29/1994**
4. FEI Number: **APPLIED FOR** (65-0505489) ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc
23 City & State
24 Zip
25 County

2a. Mailing Address
26
27 Suite, Apt. #, etc
28 City & State
29 Zip
30 County

9. Name and Address of Current Registered Agent

GUERREDO, FERNANDO
3401 SW 23 ST.
MIAMI FL 33145

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mailed/hand delivered) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☑ Change ☐ Addition
NAME	HERERRA, FRANCISCO	12 NAME	HERRERA FRANCISCO
STREET ADDRESS	7011 SW 21ST ST.	13 STREET ADDRESS	9711 S.W. 157 TERRACE
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI, FLA 33157
TITLE	VD	21 TITLE	VD ☑ Change ☐ Addition
NAME	GARCIA, LUIS	22 NAME	GARCIA LUIS
STREET ADDRESS	12249 SW 14 LN., #1405	23 STREET ADDRESS	10380 S.W. 69 LANE
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI, FLA. 33173
TITLE	SD	31 TITLE	SD ☑ Change ☐ Addition
NAME	CARCHERI, MARIA	32 NAME	MARIA CARCHERI
STREET ADDRESS	12249 S.W. 14TH LN., #1405	33 STREET ADDRESS	10380 S.W. 69 LANE
CITY ST ZIP	MIAMI FL 33184	34 CITY ST ZIP	MIAMI, FLA 33173
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	GUERRERO, FERNANDO	42 NAME	400001544914
STREET ADDRESS	3401 SW 23 ST	43 STREET ADDRESS	-07/25/95--01036--023
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	****155.00 ****155.00
TITLE	D	51 TITLE	D ☑ Change ☐ Addition
NAME	MARCHANO, ANDRES	52 NAME	RICARDO SEMINARIO
STREET ADDRESS	15940 SW 304 ST.	53 STREET ADDRESS	5201 GENEVA WAY, # 106-M
CITY ST ZIP	HOMESTEAD FL	54 CITY ST ZIP	MIAMI, FLA 33166
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS	T.S. 7/20/95	63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

REMITTED BY MAY 1

14. I/We hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for [illegible] 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 added by amendment with an address.

SIGNATURE: _____ Maria Carcheri (Secretary) 3/29/95 12:20 PM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

D041138