

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N17442** (7)

1. Corporation Name

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

Principal Place of Business

**3220 N.W. 7TH AVE.  
MIAMI FL 33127**

Mailing Address

**3220 N.W. 7TH AVE.  
MIAMI FL 33127**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/16/1986</b>	3a. Date of Last Report <b>07/20/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0505489</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **SOUZA DANIEL**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**9371 S.W. 76 ST.**  
83  
84 City **MIAMI** FL 85 Zip Code **33173**

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

*Daniel Souza* **DANIEL SOUZA**

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

(NOTE: Registered Agent signature required when reinstating)

**06/23/96 (305) 273-2149**

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERERRA, FRANCISCO</b>	1.2 NAME	
STREET ADDRESS	<b>9711 SW 157 TERRACE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33157</b>	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, LUIS</b>	2.2 NAME	
STREET ADDRESS	<b>10380 S.W. 89 LANE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33173</b>	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARCHERI, MARIA</b>	3.2 NAME	
STREET ADDRESS	<b>10380 S.W. 89 LANE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33173</b>	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUERRERO, FERNANDO</b>	4.2 NAME	
STREET ADDRESS	<b>3401 SW 23 ST</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEMINARIO, RICARDO</b>	5.2 NAME	
STREET ADDRESS	<b>5201 GENEVA WAY # 106-M</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33166</b>	5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 1907(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, changed, or on an attachment with an address.

SIGNATURE:

*Daniel Souza* **DANIEL SOUZA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/23/96 (305) 273-2149**  
Date Daytime Phone #

CP2E037 (3/96)