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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17808** (9)

1. Corporation Name

**MOTHERS, SISTERS, WIVES AND DAUGHTERS OF BAY OF
PIG'S VETERANS, BRIGADE 2506 INC.**

Principal Place of Business

Mailing Address

2470 N.W. 14 ST.
MIAMI FL 33125

2470 N.W. 14 ST.
MIAMI FL 33125-2106



3. Date Incorporated or Qualified 11/17/1986	3a. Date of Last Report 02/09/1996
4. FEI Number 59-2779372	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	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
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERNANDEZ, MAGALI E.
2470 N.W. 14 ST.
MIAMI FL 33125

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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	VTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MAGALI E.	1.2 NAME	
STREET ADDRESS	3020 N.W. 6TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, ESTERVINA	2.2 NAME	
STREET ADDRESS	3526 S.W. 11 ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, DELIA	3.2 NAME	Reyes Delia
STREET ADDRESS	310 SE 9 COURT	3.3 STREET ADDRESS	6825 W Flagglen St Apt #104
CITY - ST - ZIP	MIAMI FL 33010	3.4 CITY - ST - ZIP	MIAMI, FL 33144
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSCH, DULCE A.	4.2 NAME	Bosch, Dulce A
STREET ADDRESS	2384 S.W. 4 STREET	4.3 STREET ADDRESS	2384 SW 4 of Miami, FL
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MIRTA	5.2 NAME	Fernande Mirta
STREET ADDRESS	198 NW 46TH AVE #39	5.3 STREET ADDRESS	198 NW 46th Ave #39
CITY - ST - ZIP	MIAMI FL 33128	5.4 CITY - ST - ZIP	MIAMI FL 33126
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:

[Signature] **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97 (305) **443 2030**
Date Daytime Phone • 0028279

CR2E037 (9/96)