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Apr 08, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17808

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/17/1986
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2779372
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

FERNANDEZ, MAGALI E.
2470 N.W. 14 ST.
MIAMI FL 33125-2106

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 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

4-5-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MAGALI E.	1.2 NAME	
STREET ADDRESS	2470 N.W. 14 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	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 33148	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES DE DIAZ, DELIA	3.2 NAME	
STREET ADDRESS	5550 W FLAGLER ST., AP. 101	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSCH, DULCE A.	4.2 NAME	
STREET ADDRESS	2470 N.W. 14 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125-2106	4.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MIRTA	5.2 NAME	
STREET ADDRESS	2470 N.W. 14 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125-2106	5.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MARTA	6.2 NAME	
STREET ADDRESS	2014 SW 17 TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/99

305-635-4994

CR2E037-11/98