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
95 MAY -1 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N23642** **(4)**

1. Corporation Name

SPANISH INTERGROUP OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 351074 MIAMI, FL 33135	P.O. BOX 351074 MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/25/1987
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0296138 — [ ] Applied For [ ] Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1770 WEST FLAGLER ST.	26 1770 WEST FLAGLER ST.
Suite, Apt. #, etc. 22 SUITE 4	Suite, Apt. #, etc. 27 SUITE 4
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33135 — Country 25 U.S.A.	Zip 29 33135 — Country 30 U.S.A.

5. Certificate of Status Desired [X] — **$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 [X] — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

OROZCO, GILBERTO
7211 W. 24TH AVE., #2228
HIALEAH, FL 33016

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable)
83 SAME
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] GILBERTO OROZCO PD — 4-22-95
(Signature of registered agent) (NEW Registered Agent typed or printed name) DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE	[ ] Change [ ] Addition
NAME	OROZCO, GILBERTO	1.2 NAME	
STREET ADDRESS	7211 W. 24TH AVE., #2228	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	[ ] Change [ ] Addition
NAME	ALVALRADO, GUILLERMO	2.2 NAME	
STREET ADDRESS	1035 S.W. 3RD ST., #5	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	[ ] Change [ ] Addition
NAME	ALFONSO ALTAMIRANO	3.2 NAME	
STREET ADDRESS	1451 W. 29TH ST., LOT 25	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] 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 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] GILBERTO OROZCO — 4-22-95 — (305) 556-7717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041050