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 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26576 (1)

1. Corporation Name
MANOS EN ACCION, INC.

Principal Place of Business	Mailing Address
11890 SW 8 STREET SUITE 401 MIAMI FL 33184	11890 SW 8 STREET SUITE 401 MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1988	3a. Date of Last Report: 02/15/1994
4. FEI Number: 65-0058302	Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 Suite 402	Suite, Apt. #, etc. 27 Suite 402
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PORTELA, CARMEN **6621 ACACIA CT.** **SOUTH MIAMI FL 33142**	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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PD**	11 TITLE	☐ Change ☐ Addition
NAME	**PORTELA, CARMEN**	12 NAME	
STREET ADDRESS	**6621 ACACIA CT.**	13 STREET ADDRESS	
CITY ST ZIP	**SOUTH MIAMI FL**	14 CITY ST ZIP	
TITLE	**SD**	21 TITLE	TD ☒ Change ☐ Addition
NAME	**CORPION, CARMEN G.**	22 NAME	
STREET ADDRESS	**2231 SW 83 AVE.**	23 STREET ADDRESS	
CITY ST ZIP	**MIAMI FL**	24 CITY ST ZIP	
TITLE	~~**TD**~~	31 TITLE	☐ Change ☐ Addition
NAME	~~**ROSADO, ELENA**~~	32 NAME	
STREET ADDRESS	~~**9630 S.W. 132 CT**~~	33 STREET ADDRESS	
CITY ST ZIP	~~**MIAMI FL**~~	34 CITY ST ZIP	
TITLE	**VD**	41 TITLE	☐ Change ☐ Addition
NAME	**PEREZ, ROSA G.**	42 NAME	
STREET ADDRESS	**2820 SW 108 AVE.**	43 STREET ADDRESS	
CITY ST ZIP	**MIAMI FL**	44 CITY ST ZIP	
TITLE	**VD**	51 TITLE	☐ Change ☐ Addition
NAME	**CEPERO, ALINA**	52 NAME	
STREET ADDRESS	**510 SW 39 AVENUE**	53 STREET ADDRESS	
CITY ST ZIP	**MIAMI FL**	54 CITY ST ZIP	
TITLE		61 TITLE	SD ☐ Change ☒ Addition
NAME		62 NAME	Luciano Goicoechea
STREET ADDRESS		63 STREET ADDRESS	2105 Coral Way
CITY ST ZIP		64 CITY ST ZIP	Miami, FL 33145

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)(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 if changed, or on an attachment with an address.

SIGNATURE: Carmen Portela Pres. Carmen Portela 4/28/95 225-3929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045092