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 APR 17 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29041 (3)

1. Corporation Name

FARO DEL EMIGRANTE NO. 69, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~211 WEST 43RD STREET~~	~~211 WEST 43RD STREET~~
~~HIALEAH FL 33012~~	~~HIALEAH FL 33012~~

3. Date Incorporated or Qualified: 10/27/1988
3a. Date of Last Report: 02/10/1994
4. FEI Number: 65-0118564 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 ~~971~~ E.32nd. Street	26 971 E.32nd. Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hialeah, Fl. 33013	City & State 28 Hialeah, Fl. 33013
Zip 24 33013 Country 25	Zip 29 33013 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 XX No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMARO, M. BARBARA, ESQ. LAW OFFICES OF MARK ALAN LEVINE 2000 S. DIXIE HWY., STE. 102 MIAMI FL 33133	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 _____ DATE
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition D
NAME	~~LLORENS, LEONIDES~~	12 NAME	Vincent Welch
STREET ADDRESS	~~211 WEST 43RD STREET~~	13 STREET ADDRESS	3226 W.W. 31th. St.
CITY-ST-ZIP	~~HIALEAH FL 33012~~	14 CITY-ST-ZIP	Miami, Florida 33142
TITLE	D	21 TITLE	☒ Change ☐ Addition D
NAME	~~RODRIGUEZ, JOSE A~~	22 NAME	Jesus Romero
STREET ADDRESS	~~3540 NW 101ST TERR~~	23 STREET ADDRESS	905 W.30th. St.
CITY-ST-ZIP	~~MIAMI FL~~	24 CITY-ST-ZIP	Hialeah,Fl. 33012
TITLE	D	31 TITLE	☒ Change ☐ Addition D
NAME	~~REYES, ALBERTO M~~	32 NAME	Jose R. Machado
STREET ADDRESS	~~3540 NW 97TH TERR~~	33 STREET ADDRESS	971 E. 32nd. Street
CITY-ST-ZIP	~~MIAMI FL~~	34 CITY-ST-ZIP	Hialeah, Florida 33013
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: _____ 2-27-95 305-836-3188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0097481