


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29041 (3)

1. Corporation Name

FARO DEL EMIGRANTE NO. 69, INC.

Principal Place of Business

Mailing Address

971 EAST 32ND ST
HIALEAH FL 33013
US

971 EAST 32 ST
HIALEAH FL 33013
US



3. Date Incorporated or Qualified
10/27/1988

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 555 East 25th. St.

26 971 East 32nd ST.

4. FEI Number
65-0118564

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23 Hialeah, Florida 33013

27 Hialeah FL.

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33013

25 Dade

29 33013

30 Dade

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

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 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 D ☒ DELETE
NAME WILSON, ADRIAN
STREET ADDRESS 3200 NW 85th St
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME ROMERO, JESUS
STREET ADDRESS 905 W 30 ST
CITY-ST-ZIP HIALEAH FL

TITLE D ☐ DELETE
NAME MACHADO, JOSE R.
STREET ADDRESS 971 E. 32ND. ST.
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Mario R. Gonzalez
1.3 STREET ADDRESS 55-90 8th. Ct.
1.4 CITY-ST-ZIP Hialeah, Florida 33012

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario R. Gonzalez-President

Date

Daytime Phone #

3/8/96 305-362-5806

CR2E037 (12/95)