## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DO	CUMENT #	N29041	(3	3),			Ī						
FARO DEL EMIGRANTE NO. 69, INC.													
Principal Place of Business Mailing Address								1111		PORTE BRIDGE DISCH			FIA DIDA FADI
555 EAST 25TH STREET HIALEAH FL 33013 US			971 EAST 32ND STREET HIALEAH FL 33013-3434 US										
]							Γ	3. Date In-	orporated /27/1988	or Qualified	3a. Da	te of Last Re 03/13/199	eport 6
2. Principal Place of Business			2a. Mailing Address					4. FEI Number 65-0118564				Ap	plied For
21			Suite, Apt. #, etc.					05/01/05/04				t Applicable	
Suite, Apt. #, etc.			Spire, Apr. W, etc.					5. Certifica	ate of Statu	s Desired		\$8.75 A	
City & State			City & State					6. Election	Campaig	Financing		\$5.00	<del></del>
23			28					Trust Fi	ınd Contrib	ution		Added t	
Zip	}—	untry	Zip		Country	1	-		•	as liability for i		tax under s. No	199.032,
24	25 9. Name and A	ddress of Current R	29 egistered Agent	30	<u>'</u>				Statutes and Addre	ss of New Re			
					81	Name			0			·· T	
AN	MARO, M. BARBARA, E	SQ.			82	Street A	Address	(P.O. Box	Number is	O O N Z			<u></u>
LAW OFFICES OF MARK ALAN LEVINE							90	WE	ST	875	Cou	r.T	
2000 S. DIXIE HWY., STE. 102													
Mi	AMI FL 33133				84	City	امر	enh			FI		Code 0/2
<b>11.</b> Pu	rsuant to the provisions of	Sections 617.0502 a	nd 617,1508, Florid	a Statutes,	the abov				s this state	ment for the p	ourpose of	abanaina it	c registered
offi ag	rsuant to the provisions of ice or registered agent, or ent. I am familiar with and	both, in the State of I accept the obligation	Florida. Such chanc ns of, Section 617.0	je was aut 1503, Floric	horized by la Statute	y the corp s.	poration	's board of	directors.	hereby acce	pt the app	ointment as	registered
SIGNA	TURE	- KM	<i>i</i> ]	MI	9 R I C	· <i>R</i> .	6	0 N Z P	1/52	PRE	3)	01/3	24/97
12.	Signature upe or prime	name of registred agent ar		(NOTE: R	legistered Ap	eni signature	required v	when reinstating		SES TO OFFIC	DATE CERS AND	DIRECTOR	S IN 12
TITLE	D	OF ROLLIO ALLO D	DEI	.ETE	1.1 TITLE	<del></del>		ACCITIC	HOPOTINIT	are to orth	JETTO TATE	☐ Change	Addition
NAME	GONZALEZ, N	iario r.			1.2 NAME								
STREET AL		URT			1.3 STREE	ADDRESS							
CITY-ST-			I no	FTF	1.4 CITY-1	ST-ZIP	ļ					Change	Addition
TITLE	D ROMERO, JES	2110	UEI	.ETE	2.1 TITLE					,		Change	Addition
NAME STREET A	00= 11/ 00 OT	903			2.2 NAME 2.3 STREE	r annacce	}						
CHTY-ST-	1041 5411 54				2.4 CITY-		[						
TITLE	D		☐ DE	ETE	3.1 TITLE							Change	Addition
NAME	MACHADO, JO				3.2 NAME								
STREET A	I HALPAILE	SI.			3.3 STREE	1							
CITY-ST-	ZIP HIALEAH FL		□ DE	FTE	3.4. City - 4.1 Title	ST-ZIP			·	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME					4. 2 NAME							Carl Annual	
STREET A	DDRESS					T ADDRESS	]						
CITY-ST-	ZIP				4.4 CITY -	ST-ZIP							
TiTLE			☐ DEI	ETE	5.1 TITLE				6			Change	Addition
NAME					5.2 NAME								
STREET A	`` }				1	T ADDRESS							
CITY-ST-	-ZIP		□ D€	LETE	5.4 CITY-1 6.1 TITLE	31 - 211	<del>                                     </del>			·····		Change	Addition
NAME			<del></del>		6.2 NAME							_ •	
1	DDRESS					T ADDRESS							

14. I do 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.

SIGNATURE: 4

**FILED** 

Feb 03 1997 8:00am

Secretary of State