


FILE NOW: FILING FEE IS \$61.25

FILED
Sep 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32829** (6)

1. Corporation Name

DOMINICAS FRANCESAS ALUMNI ASSOCIATION-VERITAS, INC.



Principal Place of Business 8900 SW 19 STREET MIAMI FL 33165	Mailing Address 8900 SW 19 STREET MIAMI FL 33165-8254	3. Date Incorporated or Qualified 06/14/1989	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	4. FEI Number 65-0336761	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent BADIA, ARNHILDA 1221 BIRD ROAD CORAL GABLES FL 33146	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORRES, MARIA A	1.2 NAME	YAKINAFIFE ANDUEZA
STREET ADDRESS	304 NW 136TH PLACE	1.3 STREET ADDRESS	355 MENDRES AVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUCENA, MIRTA	2.2 NAME	700002304227
STREET ADDRESS	6881 SW 50 TERR	2.3 STREET ADDRESS	-09/26/97--01002--009
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	***61.25
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, ISABEL	3.2 NAME	Rda Olga MARTINEZ
STREET ADDRESS	7801 SW 21 ST	3.3 STREET ADDRESS	8900 SW 19 ST
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33165
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, ALEJANDRINA	4.2 NAME	VERIDA KIVERA REY
STREET ADDRESS	10975 SW 25TH ST	4.3 STREET ADDRESS	10253 SW 126 ST
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FL 33176
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JOSEFINA VARELA
STREET ADDRESS		5.3 STREET ADDRESS	620 CORAL WAY apt 13
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE		6.1 TITLE	
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 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, changed, or on an attachment with an address.

SIGNATURE _____ DATE **9/26/97**

CR2E037 (9/96)