

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33969 (9)

1. Corporation Name

ORDEN CABALLEROS DE MARTI, INC.

Principal Place of Business

Mailing Address

3705 DONALD AVE
801 GEORGIA ST
KEY WEST FL 33040
US

3705 DONALD AVE
801 GEORGIA ST
KEY WEST FL 33040
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1989

3a. Date of Last Report

04/25/1994

4. FEI Number

59-1955095

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 801 GEORGIA ST.

26 1217 ELIZA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 KEY WEST FL.

28 KEY WEST FL.

Zip

Country

Zip

Country

24 33040

25 MONROE

29 33040

30 MONROE

9. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE F
3705 DONALD AVE
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

JOSE L. RAMIREZ

82 Street Address (P.O. Box Number is Not Acceptable)

1217 ELIZA ST.

83

84 City

KEY WEST

FL

85

Zip Code

33040

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

JOSE F. RODRIGUEZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reappointing)

DATE

2-13-95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAMIREZ, ISABEL
STREET ADDRESS	1217 ELIZA ST
CITY-ST-ZIP	KEY WEST FL
TITLE	D
NAME	MAQUEIRA, LUIS
STREET ADDRESS	1442 FOURTH STREET
CITY-ST-ZIP	KEY WEST FL
TITLE	D
NAME	RAMIREZ, JOSE L
STREET ADDRESS	1217 ELIZA ST
CITY-ST-ZIP	KEY WEST FL
TITLE	D
NAME	RODRIGUEZ, JOSE
STREET ADDRESS	3705 DONALDO AVE
CITY-ST-ZIP	KEY WEST FL
TITLE	D
NAME	AQUILAR, MANUEL
STREET ADDRESS	2 KINGBIRD LANE
CITY-ST-ZIP	KEY WEST FL
TITLE	D
NAME	VILLAREAL, EVILIO
STREET ADDRESS	1308 PETRONIA STREET
CITY-ST-ZIP	KEY WEST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	SEC.	☒ Change ☐ Addition
1.2 NAME	JOSE L. RAMIREZ	
1.3 STREET ADDRESS	1217 ELIZA ST.	
1.4 CITY-ST-ZIP	KEY WEST FL. 33040	
2.1 TITLE	TR.	☒ Change ☐ Addition
2.2 NAME	ISABEL RAMIREZ	
2.3 STREET ADDRESS	1217 ELIZA ST.	
2.4 CITY-ST-ZIP	KEY WEST FL. 33040	
3.1 TITLE	PR.	☒ Change ☐ Addition
3.2 NAME	MANUEL AGUILAR	
3.3 STREET ADDRESS	2 KINGBIRD LANE	
3.4 CITY-ST-ZIP	KEY WEST FL.	
4.1 TITLE	D.	☒ Change ☐ Addition
4.2 NAME	JOSE F. RODRIGUEZ	
4.3 STREET ADDRESS	3705 DONALD AVE.	
4.4 CITY-ST-ZIP	KEY WEST FL. 33040	
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 110.07(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:

JOSE F. RODRIGUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-95

305-296-6050