


FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N43382 (3)</b> 1. Corporation Name <b>ALEX PENELAS FOUNDATION, INC.</b>					
Principal Place of Business <b>C/O JORGE LUIS LOPEZ</b> <b>1330 W 42ND PL</b> <b>HIALEAH FL 33012</b> <b>US</b>			Mailing Address <b>C/O JORGE LUIS LOPEZ</b> <b>1330 W 42ND PL</b> <b>HIALEAH FL 33012-5994</b>		
2. Principal Place of Business 21 <b>Jorge Luis Lopez</b> Suite, Apt. #, etc. 22 <b>201 South Biscayne Blvd</b> City & State <b>16th Floor</b> 23 <b>Miami, Florida</b> Zip <b>33128</b> Country <b>USA</b>		2a. Mailing Address 26 <b>Jorge Luis Lopez</b> Suite, Apt. #, etc. 27 <b>201 South Biscayne Blvd</b> City & State <b>16th Floor</b> 28 <b>Miami, FL</b> Zip <b>33128</b> Country <b>USA</b>		3. Date Incorporated or Qualified <b>05/10/1991</b>	
				3a. Date of Last Report <b>03/18/1996</b>	
		4. FEI Number <b>65-0285616</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>LOPEZ, JORGE LUIS</b> <b>1330 W 42ND PL</b> <b>HIALEAH FL 33012</b>			10. Name and Address of New Registered Agent 81 Name <b>Lopez, Jorge Luis</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>201 South Biscayne Blvd.</b> 83 <b>16th Floor</b> 84 City <b>Miami</b> <b>FL</b> 85 Zip Code <b>33128</b>		
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 <b>Jorge Luis Lopez</b> DATE <b>3-17-97</b> <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>DP</b> <input type="checkbox"/> DELETE NAME <b>PENELAS, ALEXANDER</b> STREET ADDRESS <b>1330 W 42ND PL</b> CITY-ST-ZIP <b>HIALEAH FL</b>			1.1 TITLE <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>Alexander Penelas</b> 1.3 STREET ADDRESS <b>201 South Biscayne Blvd. 16th Floor</b> 1.4 CITY-ST-ZIP <b>Miami, FL 33128</b>		
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE NAME <b>MORILLA, LAURA C</b> STREET ADDRESS <b>1330 W 42ND PL</b> CITY-ST-ZIP <b>HIALEAH FL</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>RODRIGUEZ, JOSE M</b> STREET ADDRESS <b>1330 W 42ND PL</b> CITY-ST-ZIP <b>HIALEAH FL</b>			3.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>Jose M. Rodriguez</b> 3.3 STREET ADDRESS <b>201 South Biscayne Blvd 16th Floor</b> 3.4 CITY-ST-ZIP <b>Miami, FL 33128</b>		
TITLE <b>V</b> <input type="checkbox"/> DELETE NAME <b>LOPEZ, JORGE LUIS</b> STREET ADDRESS <b>1330 W 42ND PL</b> CITY-ST-ZIP <b>HIALEAH FL</b>			4.1 TITLE <b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <b>Jorge Luis Lopez</b> 4.3 STREET ADDRESS <b>201 South Biscayne Blvd. 16th Floor</b> 4.4 CITY-ST-ZIP <b>Miami, FL 33128</b>		
TITLE <b>ST</b> <input type="checkbox"/> DELETE NAME <b>MAY, BRIAN E.</b> STREET ADDRESS <b>1330 W 42ND PL</b> CITY-ST-ZIP <b>HIALEAH FL</b>			5.1 TITLE <b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME <b>Brian E. May</b> 5.3 STREET ADDRESS <b>201 South Biscayne Blvd. 16th Floor</b> 5.4 CITY-ST-ZIP <b>Miami, FL 33128</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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: <b>[Signature]</b> DATE <b>3-17-97</b> DAYTIME PHONE # <b>0022937</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E037 (9/96)