

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N43993** (7)

1. Corporation Name

LOCAL LODGES 368 AND 2643, IAMAW, BUILDING CORPO
RATION

Principal Place of Business

Mailing Address

4349 NW 36TH STREET
SUITE 102
MIAMI FL 33166-43024349 NW 36TH STREET
SUITE 102
MIAMI FL 33166-73463. Date Incorporated or Qualified
06/17/19913a. Date of Last Report
02/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0267282

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 Fees8. 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

RAMOS, MANUEL
4349 NW 36TH STREET
SUITE 102
MIAMI FL 33166-4302

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

TITLE PD ☐ DELETE
NAME MORROW, DONALD (368)
STREET ADDRESS 10701 NW 14 ST #260
CITY-ST-ZIP PLANTATION FLTITLE PD ☐ DELETE
NAME DELGADO, ARTURO
STREET ADDRESS 1724 SW 104TH COURT
CITY-ST-ZIP MIAMI FLTITLE STD ☒ DELETE
NAME ADAMSKI, THEODORE 368
STREET ADDRESS 7117 ST. ANDREWS RD
CITY-ST-ZIP LAKE WORTH FLTITLE STD ☐ DELETE
NAME RAMOS, MANUEL (2643)
STREET ADDRESS 411 SAVONA AVE
CITY-ST-ZIP CORAL GABLES FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☒ Change ☐ Addition
3.2 NAME STD
3.3 STREET ADDRESS TERENCEZIO, MARIO (368)
3.4 CITY-ST-ZIP 20291 N.W. 8th. Street
PEMBROKE PINES, FLA. 330294.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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 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:

Manuel Ramos, Secretary-Treasurer

01-03-97 (305) 884-0318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0032022

CR2E037 (9/96)