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Apr 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N44699** (9)

1. Corporation Name

**SERGEANT MANUEL E. MESA JR. POST NO. 11297, VETE
RANS OF FOREIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

**437 SW 20TH RD
MIAMI FL 33129**

**437 SW 20TH RD
MIAMI FL 33129-1321**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/15/1991

3a. Date of Last Report

04/18/1996

4. FEI Number

65-0281416

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**BERUVIDES, ESTEBAN M.
437 SW 20TH TD.
MIAMI FL 33129**

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 Section 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 of officer or director of corporation and title if applicable

(NOTE: Registered Agent signature required when reinstating)

April 12/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CRUZ, MAXIMO L	
STREET ADDRESS	10711 SW 60TH ST.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOSA, FRANK	
STREET ADDRESS	12021 SW 12TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D	<input type="checkbox"/> DELETE
NAME	C. MARCELO BERUVIDES	
STREET ADDRESS	3121 SW 82ND CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, ODELIN	
STREET ADDRESS	1205 N BISCAYNE POINT ROAD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERUVIDES, ESTEBAN M	
STREET ADDRESS	437 SW 20TH RD.	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JORGE L LAZCANO	
STREET ADDRESS	1002 NW 24 COURT	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	4 FERNANDEZ, ODELIN	
1.3 STREET ADDRESS	1205 N BISCAYNE POINT RD	
1.4 CITY-ST-ZIP	MIAMI BEACH 33141	
2.1 TITLE	6 LAZCANO, Jorge L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	10021	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Veloso, Ramon	
3.3 STREET ADDRESS	600 SAN ANTONIO AVE	
3.4 CITY-ST-ZIP	Coral Gables, FL 33146	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	5 BERUVIDES, Esteban M	
4.3 STREET ADDRESS	437 SW 20 Rd	
4.4 CITY-ST-ZIP	MIAMI FL 33129	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	1 CRUZ, MAXIMO	
5.3 STREET ADDRESS	10711 SW 60 ST.	
5.4 CITY-ST-ZIP	MIAMI, FL 33173	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	3 BERUVIDES, C. MARCELO	
6.3 STREET ADDRESS	3121 SW 82ND CT	
6.4 CITY-ST-ZIP	MIAMI FL 33155	

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 upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13/1997

Date

Daytime Phone # 0028643

CR2E037 (9/96)