

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90055 046 ****61.25

DOCUMENT # N44699

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

437 SW 20TH RD
MIAMI FL 33129

Mailing Address

437 SW 20TH RD
MIAMI FL 33129

3 3 6 6 1 2
336612 - 90055 - 46



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

08/15/1991

4. FEI Number

65-0281416

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

9. Name and Address of Current Registered Agent

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

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

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

OFFICERS AND DIRECTORS

12. TITLE D ☒ DELETE
NAME CRUZ, MAXIMO L
STREET ADDRESS 10711 SW 60TH ST.
CITY-ST-ZIP MIAMI FL 33173

TITLE D ☐ DELETE
NAME VELOSO, RAMON
STREET ADDRESS 600 SAN ANTONIO AVE
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D ☐ DELETE
NAME GUZMAN, ABRAHAM
STREET ADDRESS 17331 SW 150 COURT
CITY-ST-ZIP MIAMI FL 33187

TITLE D ☐ DELETE
NAME BERUVIDES, ESTEBAN M.
STREET ADDRESS 437 SW 20TH RD
CITY-ST-ZIP MIAMI FL 33129 same

TITLE D ☐ DELETE
NAME BERUVIDES, ESTEBAN M.
STREET ADDRESS 437 SW 20TH RD.
CITY-ST-ZIP MIAMI FL 33129 same

TITLE D ☒ DELETE
NAME JORGE L LAZCANO
STREET ADDRESS 10021 NW 24TH COURT
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition
1.2 NAME Veloso, Ramon
1.3 STREET ADDRESS 3820 SW 124 CT
1.4 CITY-ST-ZIP MIAMI FL 33175

2.1 TITLE D ☐ Change ☐ Addition
2.2 NAME Guzman, Abraham
2.3 STREET ADDRESS 17331 SW 150 Ct.
2.4 CITY-ST-ZIP MIAMI FL 33187

3.1 TITLE D ☐ Change ☐ Addition
3.2 NAME GONGORA, Pedro P
3.3 STREET ADDRESS 2931 SW 103 AVE
3.4 CITY-ST-ZIP MIAMI FL 33165

4.1 TITLE D ☐ Change ☐ Addition
4.2 NAME Beruvides, Esteban M
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE D ☐ Change ☐ Addition
6.2 NAME CRUZ, Maximo L.
6.3 STREET ADDRESS 10711 SW 60 ST.
6.4 CITY-ST-ZIP MIAMI FL 33173

14. I 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, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: Beruvides, Esteban M. 4-10-99 (305) 856 7829

CR2E037 (11/98)