FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # N4

Principal Place of Business

N47736 (6)

Mailing Address

BURO DE INFORMACION DEL MOVIMIENTO DE DERECHOS H UMANOS, INC.

999 SO. BAYSHORE DR. APT. 2008 MIAMI FL 33131		999 SO. BAYSHORE DR. APT. 2008 MIAMI FL 33131-2933		3. Date Incorporated or Qualified 03/09/1992	3a. Date of Last Report 06/17/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied F	or
21		26		65-0329724	Not Applic	cable	
Suite, Apt. #, etc 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Addition Fee Required		
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution Added to Fees		
Zip			Country	/	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
24 25 29 30 9. Name and Address of Current Registered Agent				Florida Statutes Yes I No 10. Name and Address of New Registered Agent			
	<u> </u>		81	Name			
BONILL A	EI IGIO		82		(5.0 p)		
BONILLA, ELIGIO 941 S.W. 176TH AVE.				Street	Address (P.O. Box Number is Not Acceptable	9)	
PEMBROKE PINES FL 33029			83	† ····			
			84	City	230.41	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statut	es, the abov	e-named	corporation submits this statement for the pu	rpose of changing its regist	tered
office or registered agent, or both, in the State of Fiorida. 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 abligations of, Section 617.0503, Florida Statutes.							
SIGNATURE		Aciel Hidales Pe	esident		Jan	7/97	
	Signature: Typed or prered har elof registered agr	nt and title if applicable 4 (NOT	E: Registered Ag	ent signatur	e required when reinstating)	DATE	
12.		D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE		2 addition
TITLE	PD Hidalgo, Ariel	ריי מנוניני	1.1 TITLE 1.2 NAME		Roque Malherbe, Rolando	Criange AL	uuilion
NAME HIDALGO, ARIEL STREET ADDRESS 7 999 SO. BAYSHORE DR., #2008				13 STREET ADDRESS 3000 S.W. 106 th Avenue			
CITY-ST-7IP	MIAMI FL 33131	<i>7</i> 00	1.4 CITY -		Miami Fl. 33134		
TITLE	SD	DELETE	21 TITLE	21. Tit	V.P	Change Ad	ddition
NAME	HIDALGO, TETE MACHADO	_	2 2 NAME		Alvarez, Oscar		
	STREET ADDRESS 999 SO. BAYSHORE DR., #2008			23 STREET ADDRESS 311 S.W 49th Avenue			
CITY-ST-ZIP	MIAMI FL 33131		2. 4 CITY -	ST-ZIP	Miami Fl. 33134		
TITLE	DT	DELETE	3.1 TITLE		V.P	Change Ac	ddition
NAME	BONILLA, ELIGIO			32 NAME Grandio, Mercedes Acea			
STREET ADDRESS	DORESS 941 S.W. 176TH AVE.			T AODRESS	15430 S.W 82 nd Lane Apt. 62	2	
CITY-ST-ZIP	PEMBROKE PINES FL 33029			ST-ZIP	Miami F1.33193		
TITLE	VP A D.L.	DELETE	4.1 TITLE			☐ Change ☐ Ad	ddition
NAME	Roque Malherbe, Rolan	GO	4. 2 NAME				
STREET ADDRESS	3000 S.W. 106th Ave	NUC	4.3 STREE	t address			
CITY - ST - ZIP	Miami, Fl. 33134	T pereze	4.4 CITY -	ST-ZIP	***************************************		1.00
THTLE	VP C	☐ DELETE	5.1 TITLE			Change Ac	adition
NAME	Alvarez, Oscar		5.2 NAME				
STREET ADDRESS	311 S.W. 49th Avenue			T ADDRESS			
CITY - ST - ZIP TITLE	Miami fi. 33134 VP	DELETE	5.4 CITY - 6.1 TITLE	ST-ZIP		☐ Change ☐ Ac	ddition
NAME	Grandia Mercedes Ac	ea	6.2 NAME			□ Ollarige □ AL	GattiOII
STREET ADDRESS	15430 S.W. 82 nd Lan	e Apt. 622		T ADDRESS			
CITY-ST-ZIP	Miami Fl. 33193		6.4 CITY-				
0111-31-ZIF	TOTAL CONTRACTOR		04 611 7-	ol-til.			

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

President Jan . 7/9"

(305)358-2303 Deylime Phone # processes

FILED

Jan 23 1997 8:00am

Secretary of State