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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N47736

1. Corporation Name

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

Principal Place of Business

999 SO. BAYSHORE DR.
APT. 2008
MIAMI FL 33131

Mailing Address

999 SO. BAYSHORE DR.
APT. 2008
MIAMI FL 33131



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	999 SOUTH BAYSHORE DR.	26	999 SOUTH BAYSHORE DR.	03/09/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
1704		1704		65-0329724	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
MIAMI, FL.		MIAMI, FL.		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
33131		33131		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
		USA			

9. Name and Address of Current Registered Agent

BONILLA, ELIGIO
941 S.W. 176TH AVE.
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81	Name	HIDALGO, ARIEL
82	Street Address (P.O. Box Number is Not Acceptable)	999 SOUTH BAYSHORE DR. #1704
83		
84	City	MIAMI
85	Zip Code	33131

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

1/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIDALGO, ARIEL	1.2 NAME	
STREET ADDRESS	999 SO. BAYSHORE DR., #2008	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIDALGO, TETE MACHADO	2.2 NAME	
STREET ADDRESS	999 SO. BAYSHORE DR., #2008	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONILLA, ELIGIO	3.2 NAME	
STREET ADDRESS	941 S.W. 176TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROQUE, MALHERBE R	4.2 NAME	
STREET ADDRESS	3000 SW 106TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, OSCAR	5.2 NAME	
STREET ADDRESS	311 SW 49TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANDIO, MERCEDES A	6.2 NAME	
STREET ADDRESS	15430 SW 82ND LANE APT 622	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)