FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 9:13

DOCUMENT # N51220 (4)

1. Corporation Name
PARTIDO SOCIAL REVOLUCIONARIO DEMOCRATICO INC.

Principal Place of Business
~~920~~
~~922~~ N.W. 24TH COURT
MIAMI FL 33125

Mailing Address
P.O. BOX 351081
MIAMI FL 33135
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1992
3a. Date of Last Report: 06/24/1994
4. FEI Number: 65-0364551 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / County (30)

9. Name and Address of Current Registered Agent

• SIMEON, ROBERTO
~~922 N.W. 24 CT~~ 920 NW 24 CT
MIAMI FL 33125

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☐ Change ☒ Addition
NAME	FERNANDEZ, MANUEL	12 NAME	Fernandez, Manuel	
STREET ADDRESS	1654 N.W. 35 STREET	13 STREET ADDRESS	1654 NW 35 ST	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami - Fl.	
TITLE	STD	21 TITLE	D	☐ Change ☒ Addition
NAME	SIMEON, ROBERTO	22 NAME	Simeón Roberto	
STREET ADDRESS	922 N.W. 24 COURT	23 STREET ADDRESS	920 NW 24 CT	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI - Fla	
TITLE	VD	31 TITLE	D	☒ Change ☐ Addition
NAME	SANCHEZ, JUAN	32 NAME	Valle Jorge	
STREET ADDRESS	515 S.W. 12 AVENUE, #525A	33 STREET ADDRESS	9796 SW 1 ST Terr	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIA. FL 33174	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added in an attachment with an address.

SIGNATURE: _____ Roberto Simeón Agent 5/8/95 305 541-2384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Q41097