

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:22

DOCUMENT # **N92000000677 (6)**

1. Corporation Name
HONDURAS WORLD FOUNDATION, INC.

Principal Place of Business Mailing Address
14815 SW 139 COURT MIAMI FL 33186 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/08/1992** 3a. Date of Last Report **06/29/1994**
4. FEI Number **65-0408712** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **14815 S.W. 139 Ct** 26 **14815 S.W. 139 Ct**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Miami, FL** 27 **Miami, FL**
City & State City & State
23 **33186** 28
Zip Country Zip Country
24 **33186** 25 **USA** 29 **33186** 30 **USA**

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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**PELL, ROSA MARIA
12300 SW 115TH TER
MIAMI FL 33186**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PELL, ROSA MARIA
STREET ADDRESS	12300 SW 115TH TER
CITY - ST - ZIP	MIAMI FL 33186
TITLE	D
NAME	PEREZ, FRANCISCA
STREET ADDRESS	856 SW 6TH ST #7
CITY - ST - ZIP	MIAMI FL
TITLE	CUBE
NAME	RO, MARCO A
STREET ADDRESS	2508 BISCAYNE BLVD
CITY - ST - ZIP	MIAMI FL 33137
TITLE	D
NAME	CABALLERO, CLAUDIA
STREET ADDRESS	2118 NW 33RD ST
CITY - ST - ZIP	MIAMI FL 33137
TITLE	D
NAME	HINES, ARLENE
STREET ADDRESS	20 NE 52ND ST
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	DUBON, DUNIA
STREET ADDRESS	8075 NW 7TH ST
CITY - ST - ZIP	MIAMI FL 33126

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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.

SIGNATURE: Rosa Maria Pell 04-05-95 305-233 6902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #