

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N92000000677 (6)

1. Corporation Name
HONDURAS WORLD FOUNDATION, INC.



Principal Place of Business: 14815 SW 139TH CT, MIAMI F 33186, US
Mailing Address: 14815 SW 139TH CT, MIAMI F 33186, US

3. Date Incorporated or Qualified: 12/08/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) with handwritten "SAME" annotations.

4. FEI Number: 65-0408712
5. Certificate of Status Desired:
6. Election Campaign Financing:
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 (81-85) with handwritten signature and "FL" state 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	PELL, ROSA MARIA
STREET ADDRESS	12300 SW 115TH TER
CITY - ST - ZIP	MIAMI FL 33186
TITLE	D <input type="checkbox"/> DELETE
NAME	PEREZ, FRANCISCA
STREET ADDRESS	856 SW 6TH ST #7
CITY - ST - ZIP	MIAMI FL
TITLE	CUBE <input type="checkbox"/> DELETE
NAME	RO, MARCO A
STREET ADDRESS	2508 BISCAYNE BLVD
CITY - ST - ZIP	MIAMI FL 33137
TITLE	D <input type="checkbox"/> DELETE
NAME	CABALLERO, CLAUDIA
STREET ADDRESS	2118 NW 33RD ST
CITY - ST - ZIP	MIAMI FL 33137
TITLE	D <input type="checkbox"/> DELETE
NAME	HINES, ARLENE
STREET ADDRESS	20 NE 52ND ST
CITY - ST - ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
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 JAN. 30, 1996 / 305/2336902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Rosa Maria Pell Date: _____ Daytime Phone #: _____

CR2E037 (12/95)