FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996	
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DOCUMENT # N9200000677 (6)

HONDURAS WORLD FOUNDATION, INC.

Principal Plac	e of Business	Mailing Address			OTEN MUSIK MUNKA BONTO MENER INDIK 1884 1884		
14815 SW 1 MIAMI F 331 US		14815 SW 139TH CT Miami F 33186 US					
				 Date Incorporated or Qualified 12/08/1992 	3a. Date of Last Report 05/01/1995		
2. Principal F	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0408712	Applied For Not Applicable		
Suite, Apt.	. #, etc.		. 6		\$8.75 Additional		
22	M ()	27	u C	5. Certificate of Status Desired	Fee Required		
City & Sta	1e 5 a	City & State 4		 Election Campaign Financing Trust Fund Contribution 	\$5.00 May Be Added to Fees		
Zip 24	Country 25	7ip 29	Country 30	This corporation has liability for int Florida Statutes	tangible tax under s. 199.032, Yes No		
	9. Name and Address of Curre			10. Name and Address of New Re			
81 Name							
	ROSA MARIA		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	12300 SW 115TH TER			nove			
MIAMI F	FL 33186		83	no			
			84 City		FL 85 Zip 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							
40	Signature, typed or printed name of registered age	if and title if applicable (NOTE	Registered Agent signature required		DATE		
12. TITLE	OFFICERS AN	ND DIRECTORS	13. 11 TITLE	ADDITIONS CHANGES TO OFFIC			
NAME	PELL, ROSA MARIA	Поссет	1.2 NAME		Change Addition		
STREET ADDRESS	12300 SW 115TH TER		1 3 STREET ADDRESS				
CITY-S1-ZIP	MIAMI FL 33186		1 4 CITY - ST - ZIP				
TITLE	D	□ DELE1E	2.1 TIFLE		Change Addition		
NAME	PEREZ, FRANCISCA		2 2 NAME				
STREET ADDRESS	856 SW 6TH ST #7		2 3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL CUBE		2 4 CITY - ST - ZIP				
TITLE	RO, MARCO A	☐ DELETE	3 1 TITLE		Change Addition		
NAME STREET ADDRESS	2508 BISCAYNE BLVD		3 2 NAME				
CITY-S!-ZIP	MIAMI FL 33137		3.3 STREET ADDRESS				
TITLE	D	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition		
NAME	CABALLERO, CLAUDIA	_	4 2 NAME				
STREET ADDRESS			4 3 STREET ADDRESS				
CiTY-ST-ZIP	MIAMI FL 33137		4.4 CHTY - ST - ZIP				
TITLE	D ADJENT	DELETE	5 1 TITLE		Change Addition		
NAME	HINES, ARLENE		5.2 NAME				
STREET ADDRESS	20 NE 52ND ST MIAMI FL		5 3 STREET ADDRESS				
CITY-ST-ZIP TITLE	D MIAMI FL	DELÈTE	5.4 CITY - ST - 7/P				
NAME	DUBON, DUNIA		6 1 THILE		☐ Change ☐ Addition		
STREET ADDRESS	8075 NW 7TH ST		6 2 NAME				
STREET NOVESS	MIAMI EL 33126		6 3 STREET ADDRESS				

CHY-SI-2IP MIAMI FL 33126

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 Brock 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

JAN. 30, 1996/305/233690

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