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Feb 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N92000000835 (0)

1. Corporation Name

EJERCITO DE LIBERACION NACIONAL, INC.



Principal Place of Business

Mailing Address

3210 SW 4 ST  
MIAMI FL 331353210 SW 4 ST  
MIAMI FL 33135-11033. Date Incorporated or Qualified  
12/17/19923a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREZ, ROGELIO  
3210 S.W. 4TH STREET  
MIAMI FL 33135

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 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PC	<input type="checkbox"/> DELETE
NAME	PEREZ, ROGELIO	
STREET ADDRESS	3210 SW 4 ST	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERMUDEZ, PASCUAL R	
STREET ADDRESS	1121 SW 105 AVE #320	
CITY-ST-ZIP	MIAMI FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SERRANDO, JOSE A.	
STREET ADDRESS	2312 NW 3 ST.	
CITY-ST-ZIP	MIAMI FL	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RODRIGUEZ WALFRIDO
3.3 STREET ADDRESS	4720 NW 169 ST.
3.4 CITY-ST-ZIP	CAROL CITY FLA. 33055

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRITO, ELOY H.	
STREET ADDRESS	829 W. 34 ST.	
CITY-ST-ZIP	HIALEAH FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, WALFRIDO	
STREET ADDRESS	5303 SW 127 CT	
CITY-ST-ZIP	MIAMI FL	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MIGUEL ANGEL FERNANDEZ
5.3 STREET ADDRESS	3001 SW 2 ST. # 210-C
5.4 CITY-ST-ZIP	MIAMI FLA 33135

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, ELIO	
STREET ADDRESS	2356 SW 16 AVENUE	
CITY-ST-ZIP	MIAMI FL	

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CARLOS GOICOLEA
6.3 STREET ADDRESS	1151 W 28 ST. # 9
6.4 CITY-ST-ZIP	HIALEAH FLA. 33010

14. I do 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.

SIGNATURE: *EJERCITO DE LIBERACION NACIONAL S.D.* 1-27-97 (305) 842-6475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028073

CR2E037 (9/96)