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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000580 (1)**

1. Corporation Name

FRIENDS FOR EL SALVADOR INC.



Principal Place of Business	Mailing Address
150 W FLAGLER ST SUITE 2701 MIAMI FL 33130	150 W FLAGLER ST SUITE 2701 MIAMI FL 33130-4559

3. Date Incorporated or Qualified 02/10/1993	3a. Date of Last Report 04/27/1996
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2. Principal Place of Business	2a. Mailing Address
21 100 SE 2 ST Suite, Apt. #, etc. 22 37th Floor City & State 23 Miami, FL Zip 24 33130 Country 25 U.S.A.	26 27 SAME 28 City & State 29 Zip 30 Country

4. FEI Number 65-0398665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BEFELER, GEORGE
150 W FLAGLER ST
SUITE 2701
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name **George Befeler**
82 Street Address (P.O. Box Number is Not Acceptable)
NationsBank Tower, 37 Floor
83 **100 SE 2nd Street**
84 City **Miami** FL 85 Zip Code **33131**

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 _____ DATE **3-3-97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALVAREZ, ERNESTO	
STREET ADDRESS	2121 PONCE DE LEON	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEFELER, GEORGE	
STREET ADDRESS	150 W FLAGLER ST SUITE 2701	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALUME, ADOLFO	
STREET ADDRESS	501 BRICKELL AVE SUITE 200	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENRIQUEZ, RAUL	
STREET ADDRESS	777 BRICKELL AVENUE, SUITE 1010	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOLER, ANA V	
STREET ADDRESS	2121 SW 3RD AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Soler, ANA V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Vice-200 EGS St	
5.3 STREET ADDRESS	president New York	
5.4 CITY-ST-ZIP	NY 10021	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000002170530	
6.3 STREET ADDRESS	-05/08/97--01003--071	
6.4 CITY-ST-ZIP	***165.00	

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: _____ DATE **4.15.97** DAYTIME PHONE # **0028781**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)