

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001622 (0)**

1. Corporation Name

CASA DE ALABANZA DE NORTH MIAMI, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5423 N.W. 197TH LANE
OPA LOCKA FL 33055

5423 N.W. 197TH LANE
OPA LOCKA FL 33055

3. Date Incorporated or Qualified

04/08/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0405908

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **1695 NW OPA-LOCKA BLVD.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 **miami FL**

City & State

28

Zip

24 **33167**

Country

25 **DADE**

Zip

29

Country

30

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

**CRUZ, WILLIAM
5423 N.W. 197TH LANE
OPA LOCKA FL 33055**

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

Signature, typed or printed name of registered agent and title if applicable

(If/If Not Registered Agent, signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CRUZ, WILLIAM
STREET ADDRESS	5423 N.W. 197TH LANE
CITY- ST- ZIP	OPA LOCKA FL 33055
TITLE	VD
NAME	CRUZ, ALEJANDRINA
STREET ADDRESS	5423 N.W. 197TH LANE
CITY- ST- ZIP	OPA LOCKA FL 33055
TITLE	TD
NAME	BANOS, FEDERICO L
STREET ADDRESS	13105 N.E. 13TH AVE.
CITY- ST- ZIP	NORTH MIAMI FL 33181
TITLE	SD
NAME	SANCHEZ, CARMEN S
STREET ADDRESS	5423 NW 197TH LANE
CITY- ST- ZIP	OPA LOCKA FL 33055
TITLE	D
NAME	MORALES, ARTURO
STREET ADDRESS	5423 NW 197TH LANE
CITY- ST- ZIP	OPA LOCKA FL 33055
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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: *William Cruz* **William CRUZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 (305) 625-4956

DATE

TELEPHONE NUMBER