

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 21 AM 10:05

DOCUMENT # **N93000002861 (3)**

1. Corporation Name

INSTITUTO GNOSTICO DE ANTROPOLOGIA HERMETICA, IN C.

Principal Place of Business

Mailing Address

6065 NW 167TH ST.
B-19
MIAMI FL 33015

6065 NW 167TH ST.
B-19
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/24/1993** 3a. Date of Last Report **05/26/1994**

4. FEI Number **65-0428212** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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
BATARSE, ENRIQUE
6065 NW 167TH ST., B-19
MIAMI FL 33015

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

In accordance with 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 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BATARSE, ENRIQUE
STREET ADDRESS	6065 NW 167TH ST., B-19
CITY - ST - ZIP	MIAMI FL 33015
TITLE	D
NAME	GUERRERO, FEDERICO
STREET ADDRESS	11365 SW 47TH TERRACE
CITY - ST - ZIP	MIAMI FL 33165
TITLE	D
NAME	MURILLO, REYNALDO
STREET ADDRESS	15969 NW 84TH AVE., #213
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	D
NAME	CONTRERAS, CARLOS A
STREET ADDRESS	C/O 11365 SW 47TH TERRACE
CITY - ST - ZIP	MIAMI FL 33165
TITLE	D
NAME	MARTHA NURY SIERRA HILL
STREET ADDRESS	100 N.W. 48 COURT
CITY - ST - ZIP	MIAMI, FL 33126
TITLE	D
NAME	PEDRO EDMUNDO CHAVEZ FANTIS
STREET ADDRESS	216 CALABRIA AVE. APT. 1 CORAL GABLE
CITY - ST - ZIP	MIAMI, FL 33134

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 checked, or on an attachment with an address.

SIGNATURE: ENRIQUE BATARSE MAY 11/95 (305) 558-5018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number