FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

· 1996



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

DOCUMENT #	N93000004523	(7)	Ì
------------	--------------	------------	---

INTERNATIONAL LIMION OF THE VORUBA DELICION DIGHT

S INC.								
Principal Place	of Business	Mailing Addr	ess			7 SERVINGE BER BERG TOUR TRIVE BOT	i abili bşili bşişi biddi	U FILLU
836 NE 82ND : MIAMI FL 3313 US		P.O. BOX 1 MIAMI FL 3 US						
						 Date Incorporated or Qualified 10/06/1993 	3a. Date of L 01/25	ast Report 5/1995
2. Principal Plac	ce of Business	2a. Mailing A	ddress			4. FEI Number		Applied For
21		26				65-0457219		Not Applicable
Suite, Apt. #	, etc.	Suite, Ap				5. Certificate of Status Desired	11 '	.75 Additional ee Required
City & State		City & St	ate			6. Election Campaign Financing		5.00 May Be
Zip	Country	Zip		Country		Trust Fund Contribution	A	dded to Fees
24	25	29		Country 30		8. This corporation has liability for	intangible tax unde ☐ Yes ☐ No	r s. 199.032,
-7	9. Name and Address of Cu			,		Florida Statutes 10. Name and Address of New I		<u> </u>
				81	Name	~ 3.		
ZAMORA.	RIGOBERTO					ZAMORA, L.	WBERTO	
	ISELLE DRIVE			82	Street Add	dress (P.O. Box Number is Not Accepta	ole) NOSET	
SUITE 4				83	- - () -	<u> 150 3.00. 0 3</u>	Two I	
	ACH FL 33141							
				84	City	Mani	FL 85	Zip Code
11. Pursuant to	the provisions of Sections 617.0	502 and 617,1508, Fk	orida Statutes.	the above r	amed corpo	rotion o broita this statement to the e-		
l or registerer	d agent, or both, in the State of F , and accept the obligations of, S	honda. Such criande v	/as authonzeo (by the corpo	oration's boa	ard of directors. Thereby accept the app	iointment as registe	red agent. I am
SIGNATURE #	^	Zanora	da Statoles.				100	
	Ignature, typed or printed name of registered ((NOTE: I	Registered Agen	signature require	ed when reinstating?	All Tree	·
12.		AND DIRECTORS		13.		ADDITIONS/CHANGLS TO OF	FIGERS AND DIREC	CTORS IN 12
TITLE J.	PD		DELETE	1.1 TITLE			Chan	ge 🔲 Add tion
NAME	ZAMORA, RIGOBERTO			1.2 NAME				
4 STREET ADDRESS	1291 MARSEILLE DR.	A 1		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33141	PRESID		1.4 CITY - S	r- ZIP			
THLE	\$D		DELETE	2.1 TITLE	2		☐ Chan	ge 🔲 Addition
NAME	RIVIERA, VIVIAN	1 -	10	22 NAME				
STREET ADDRESS	2536 VAN BUREN ST. APT	3A secret	F	23 STREET	ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020		512.	2 4 CITY-S	T-ZIP			
TITLE	SD		DÉLETE	31 TITLE		<u> </u>	Chan	ge 🔲 Addition
NAME	FLORES, PEDRO			3 2 NAME		800001 7, -03/04/9601	31438 NOONIC	
STREET ADDRESS	1140 SW 3RD ST.	cret.		3 3 STREET	ADDRESS	***61.25	020010	
CITY-ST-ZIP	MIAMI FL 33130 シで	crej.		3 4. CITY-S	T - ZIP	······································		
TITLE			DELETE	4 1 TITLE			☐ Chan	ge Addition
NAME				4. 2 NAME	Î			
STREET ADDRESS				4.3 STREET	ADDRESS			
CHY-ST-ZIP				4.4 CITY - S1	- ZIP			
TIFLE			DELETE	5 1 TITLE			Chang	ge Addition
NAME				5.2 NAME				
STREET ADDRESS				5 3 STREET.	ADDRESS			
CITY-ST-ZIP		<u></u>		5 4 CITY - ST	- ZIP			
TITLE			DELETE	6 1 TITLE			☐ Chang	ge Dadition 6
NAME				6 2 NAME				(X) %
STREET ADDRESS				63 STREET	ADORESS			SKI V
CITY-ST-ZIP	certify that the information supplies			64 CITY-ST	- ZIP			~,'y'
	computed the intermeter cureli					to all the second of the second		

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 changed, or on an attachment with an address.

CAMPIRE:

SIGNATURE: _1

INTED NAME OF SIGNING OFFICER OR DIRECTOR

643-6611