

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

904R

FILED,

96 DEC 20 AM 8:17

DOCUMENT # N93000005483 (3)

1. Corporation Name
 BY DONATION CORP.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 3343 NORTHWEST 7 AVENUE MIAMI FL 33127 US
 Mailing Address 3343 NORTHWEST 7 AVENUE MIAMI FL 33127 US

3. Date incorporated or Qualified 12/07/1993
 3a. Date of Last Report 05/01/1995

21. Principal Place of Business 2333 NW 7 AVE
 22. Mailing Address 26 1247 SW 128 ST

4. FEI Number 65-0456205
 Applied For Not Applicable

22. Suite, Apt. #, etc.
 27. Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23. City & State MIAMI FLORIDA
 26. City & State MIAMI FLORIDA

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24. Zip 33127 25. Country DADE
 29. Zip 33184 30. Country DADE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 ZAMORA, BELKIS
 1305 WEST 53RD STREET
 SUITE 420
 HIALEAH FL 33012

10. Name and Address of New Registered Agent
 81 Name FRANCISCO J. CRISTINO
 82 Street Address (P.O. Box Number is Not Acceptable) 1247 SW 128 ST.
 83
 84 City MIAMI FL 85 Zip Code 33184

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]* DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZAMORA, BELKIS	
STREET ADDRESS	1305 W 53RD ST SUITE 434	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	HERRERA, MANUELA	
STREET ADDRESS	1305 W 53RD ST SUITE 434	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PONTON, SERGIO A	
STREET ADDRESS	130 S.W. 51ST AVE.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRANCISCO J. CRISTINO	
1.3 STREET ADDRESS	1247 SW 128 ST	
1.4 CITY-ST-ZIP	MIAMI- FL. 33184	
2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BELKIS ZAMORA	
2.3 STREET ADDRESS	1247 SW 128 ST	
2.4 CITY-ST-ZIP	MIAMI- FL. 33184	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PONTON, SERGIO A	
3.3 STREET ADDRESS	130 SW 51 ST. AVE	
3.4 CITY-ST-ZIP	MIAMI- FL. 33134	
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	600002040446--7	
5.4 CITY-ST-ZIP	-12/30/96--01008--004	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	*****61.25 *****61.25	
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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 6-25-96 Daytime Phone # 205 637-0881

CR2E037 (3/96)