

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
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000000460 (5)

1. Corporation Name
BUENAS NOTICIAS DE FE, INC.



Principal Place of Business Mailing Address
4296 S. UNIVERSITY DR. PO BOX 292603
DAVIE FL 33328 DAVIE FL 33329
US

3. Date incorporated or Qualified **01/31/1994** 3a. Date of Last Report **07/26/1995**

2. Principal Place of Business 2a. Mailing Address
21 5669 S. UNIVERSITY DRV. 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22
 City & State City & State
23 DAVIE, FLORIDA 28
 Zip Country Zip Country
24 33328 25 U.S.A. 29 30

4. FEI Number **65-0460524** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SIERRA, VIRGLIO
17744 SW 19TH STREET
MIRAMAR FL 33029

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5229 S.W. 117 AVE
83
84 City **COOPER CITY** **FL** **85 Zip Code** **33330**

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]* **VIRGLIO SIERRA - PRESIDENT** **7-19-96**
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIERRA, VIRGLIO	
STREET ADDRESS	1744 SW 19TH STREET	
CITY - ST - ZIP	MIRAMAR FL 33029	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIERRA, MARIA J.	
STREET ADDRESS	17744 SW 19TH STREET	
CITY - ST - ZIP	MIRAMAR FL 33029	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SIERRA, JORGE	
STREET ADDRESS	13436 NW 5TH PLACE	
CITY - ST - ZIP	PLANTATION FL 33325	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FIGUEROA, CECILIA	
STREET ADDRESS	321 S. SHORE DR. #112	
CITY - ST - ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARMONA, LUIS	
STREET ADDRESS	8200 NW 21 STREET	
CITY - ST - ZIP	SUNRISE FL 33322	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIGUEROA, JOSE	
STREET ADDRESS	321 S. SHORE DR. #112	
CITY - ST - ZIP	MIAMI BEACH FL 33141	

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 checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	LIGIA OSORIO
5.4 CITY - ST - ZIP	455 S. PINE ISLAND PLANTATION, FL 33324
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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED JORGE SIERRA 7-19-96 (954) 846-9169**
 Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)