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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000460 (5)
1. Corporation Name
BUENAS NOTICIAS DE FE, INC.



Principal Place of Business 5669 S. UNIVERSITY DRIVE DAVIE FL 33328 US	Mailing Address PO BOX 292603 DAVIE FL 33329-2603 US
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3. Date Incorporated or Qualified 01/31/1994	3a. Date of Last Report 07/25/1996
4. FEI Number 65-0460524	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 5619 S. UNIVERSITY DRIVE	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DAVIE, FL	City & State 28
Zip 24 33328	Country 25 US
	Country 30

9. Name and Address of Current Registered Agent

**SIERRA, VIRGILIO
5229 SW 117 AVENUE
COOPER CITY FL 33330**

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 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, 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, VIRGILIO	
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 type="checkbox"/> DELETE
NAME	OSORIO, LIBIA	
STREET ADDRESS	455 S. PINE ISLAND	
CITY-ST-ZIP	PLANTATION FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SIERRA VIRGILIO	
1.3 STREET ADDRESS	5229 SW 117 AVENUE	
1.4 CITY-ST-ZIP	COOPER, FL 33330	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)