

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 17 1998 8:00am
Secretary of State**

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 5619 S UNIVERSITY DRIVE DAVIE FL 33328 US | Mailing Address PO BOX 292603 DAVIE FL 33329 US |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/31/1994 | |
| 4. FEI Number 65-0460524 | Applied For <input type="checkbox"/> Not Applicable |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| |
|--|
| 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 |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE PD | NAME SIERRA, VIRGILIO | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 5229 SW 117TH AVE | CITY-ST-ZIP COOPER FL | 1.2 NAME | |
| TITLE D | NAME SIERRA, MARIA J. | 1.3 STREET ADDRESS | |
| STREET ADDRESS 17744 SW 19TH STREET | CITY-ST-ZIP MIRAMAR FL 33029 | 1.4 CITY-ST-ZIP | |
| TITLE DT | NAME SIERRA, JORGE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 13436 NW 5TH PLACE | CITY-ST-ZIP PLANTATION FL 33325 | 2.2 NAME | |
| TITLE DS | NAME FIGUEROA, CECILIA | 2.3 STREET ADDRESS | |
| STREET ADDRESS 321 S. SHORE DR. #112 | CITY-ST-ZIP MIAMI BEACH FL 33141 | 2.4 CITY-ST-ZIP | |
| TITLE D | NAME OSORIO, LIBIA | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 455 S. PINE ISLAND | CITY-ST-ZIP PLANTATION FL | 3.2 NAME | |
| TITLE D | NAME FIGUEROA, JOSE | 3.3 STREET ADDRESS | |
| STREET ADDRESS 321 S. SHORE DR. #112 | CITY-ST-ZIP MIAMI BEACH FL 33141 | 3.4 CITY-ST-ZIP | |
| TITLE D | NAME FIGUEROA, CECILIA | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 321 S. SHORE DR. #112 | CITY-ST-ZIP MIAMI BEACH FL 33141 | 4.2 NAME | |
| STREET ADDRESS 9421 EVERGREEN PL., APT 101 | CITY-ST-ZIP FORT LAUDERDALE 33324, FL. | 4.3 STREET ADDRESS | |
| STREET ADDRESS 505 S. PINE ISLAND ROAD, APT. 410 | CITY-ST-ZIP PLANTATION, FL 33324 | 4.4 CITY-ST-ZIP | |
| STREET ADDRESS 9421 EVERGREEN PL. APT 101 | CITY-ST-ZIP FORT LAUDERDALE, FL 33324 | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS MIAMI BEACH FL 33141 | CITY-ST-ZIP MIAMI BEACH FL 33141 | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| | | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 _____ **3/9/98** (954) 846-9169

CR2E037 (10/97)