

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$385)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

5 JUL 24 PM 12:58

DOCUMENT # N94000001636 (9)

1. Corporation Name
MOVIMIENTO INTEGRACIONISTA DEMOCRATICO AUTENTICO, INC.

400001547724
-07/27/95--01059--018
****155.00 ****155.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1024 S.W. 42 AVENUE APT. A MIAMI FL 33134 **1024 S.W. 42 AVENUE APT. A MIAMI FL 33134**

3. Date Incorporated or Qualified **04/01/1994** 3a. Date of Last Report **N/A**
4. FEI Number Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 N/A **26 N/A**
22 State, Apt. #, etc. 27 State, Apt. #, etc.
23 City & State 28 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

24 City 25 County 29 City 30 County

8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FERNANDEZ-MORA, MARIO J
1024 S.W. 42 AVENUE
APT. A
MIAMI FL 33134**

10. Name and Address of New Registered Agent
81 Name N/A
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 _____ DATE **07/12/95**

12. OFFICERS AND DIRECTORS

12.1 TITLE: PD	FERNANDEZ-MORA, MARIO J
12.2 NAME:	1024 S.W. 42 AVENUE
12.3 STREET ADDRESS:	MIAMI FL 33134
12.4 CITY, ST, ZIP:	
12.5 TITLE: STD	ESCARRA, RAYMUNDO F
12.6 NAME:	2551 S.W. 2ND ST.
12.7 STREET ADDRESS:	MIAMI FL 33135
12.8 CITY, ST, ZIP:	
12.9 TITLE: VD	MARTIN, EDGARDO L
12.10 NAME:	606 W. 81 ST. APT. 122
12.11 STREET ADDRESS:	HIALEAH FL 33014
12.12 CITY, ST, ZIP:	
12.13 TITLE:	
12.14 NAME:	
12.15 STREET ADDRESS:	
12.16 CITY, ST, ZIP:	
12.17 TITLE:	
12.18 NAME:	
12.19 STREET ADDRESS:	
12.20 CITY, ST, ZIP:	

13. ADULTS ONLY - APPLICABLE TO ALL NEW AND CHANGING OFFICERS

13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME:	
13.3 STREET ADDRESS:	
13.4 CITY, ST, ZIP:	
13.5 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME:	
13.7 STREET ADDRESS:	
13.8 CITY, ST, ZIP:	
13.9 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME:	VD PEDRO ALVAREZ
13.11 STREET ADDRESS:	4288 E 10 AVE
13.12 CITY, ST, ZIP:	HIALEAH, FL 33013
13.13 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME:	
13.15 STREET ADDRESS:	
13.16 CITY, ST, ZIP:	
13.17 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME:	
13.19 STREET ADDRESS:	
13.20 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 Sections 119.01(1)(b), 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 of changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/12/95 305-567-2488
Date System Phone #

CR2E037 (3/95)