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May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000001636 (9)

1. Corporation Name  
MOVIMIENTO INTEGRACIONISTA DEMOCRATICO AUTENTICO, INC.



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 33134-2640

3. Date Incorporated or Qualified 04/01/1994

3a. Date of Last Report 04/12/1996

2. Principal Place of Business 2a. Mailing Address

21 3509 SW 113 PL 26 3509 SW 113 PL

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

23 City & State Miami 28 City & State Miami

24 Zip 33165 Country USA 29 Zip 33165 30 Country USA

4. FEI Number 65-0634051 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

FERNANDEZ-MORA, MARIO J  
1024 S.W. 42 AVENUE  
APT. A  
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name Fernandez-Mora, Mario J.  
82 Street Address (P.O. Box Number is Not Acceptable) 3509 SW 113 PL  
83  
84 City Miami FL 85 Zip Code 33165

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: 4/28/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	FERNANDEZ-MORA, MARIO J	1.2 NAME	Fernandez-Mora, Mario J.
STREET ADDRESS	1024 S.W. 42 AVENUE	1.3 STREET ADDRESS	3509 SW 113 PL
CITY-ST-ZIP	MIAMI FL 33134	1.4 CITY-ST-ZIP	Miami, FL 33135
TITLE	STD	2.1 TITLE	
NAME	ESCARRA, RAYMUNDO F	2.2 NAME	
STREET ADDRESS	2551 S.W. 2ND ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	PEDRO, ALVAREZ J.	3.2 NAME	
STREET ADDRESS	4288 E 10 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	BRITO, SAUL	4.2 NAME	
STREET ADDRESS	1243 PINE SAGE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	GUZMAN, QUINTILLO DOMI	5.2 NAME	
STREET ADDRESS	220 23RD ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: SIGNATURE REQUIRED *[Signature]* DATE: 04/28/97 305-328-3571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0027232

CR2E037 (9/96)