FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



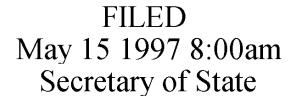
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # 1. Corporation Name

N9400001636 (9) (金) (新年中国年



| MOVIMIENTO INTEGRACIONISTA DEMOCRATICO AUTENTICO , INC. | | | | | |
|--|--|------------------------------------|--------------------------------------|---|---|
| Principal Place | e of Business | Mailing Address | | | INTERIOR PROPERTY IN THE STATE OF THE STATE |
| 1024 S.W. 42 A | WENNE | 1024 S.W. 42 AVENUE | |] . | |
| APT. A APT. A | | | | | |
| MIAMI FL 33134 MIAMI FL 33134-2640 | | | | 3. Date incorporated or Qualified 3s | Date of Last Report |
| | | | | 04/01/1994 | 04/12/1996 |
| 2. Principal P | lace of Business | 2a. Malling Address | | 4. FEI Number | Applied For |
| 21 350 | 9 SW 113 PL | 26 3509 SW | 113 PL | 65-0634051 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | , | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | J. Continuate of States Desired | Fee Required |
| City & State | 3 | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Zip | Miami Country | Zip Hism | Country | Trust Fund Contribution | Added to Fees |
| ├ ─┐ ` . | . ⊢ı | . | مسمنه ٦ | 8. This corporation has liability for intant | gible tax under s. 199.032, |
| 24 33/ | 9. Name and Address of Curren | | 01 027 | 10. Name and Address of New Registe | |
| | | | 81 Name | | |
| FERNANDEZ-MORA, MARIO J | | | 82 Street Ac | Fernandez - Mora ddress (P.O. Box Number is NoFAcceptable) | Hono t. |
| 1024 S.W. 42 AVENUE | | | OZ SHEEL AC | 3109 SW //3 PL | |
| APT. A | | | 83 | | |
| MIAMI FI | L 33134 | | 84 City | | 85 Zip Code |
| 1 | | | - " | Mismi | FL 22/66 |
| 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. | | | | | |
| agent. I a | m familiar with, and accept the oblige | tions of, Section 617.0503, Florid | da Statutes. | rations board of anoctors. Thereby accept the | Appointment as registered |
| SIGNATURE | | 950 | | | 4/28/97 |
| 12. | Signature, typed or printed name of registered age OFFICERS ANI | | legistered Agent signature re 13. | quired when reinstating) DA ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 |
| TITLE | PD OF FIGURE AND | DELETE | 1.1 TITLE | | |
| NAME | FERNANDEZ-MORA, MARIO J | | 1.2 NAME | Fernandez-Hora, Hario. | / |
| 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 | Fernandez-Hora, Hario. 3509 SW 118 PL Hiami, Fl 3313 | / |
| TITLE | STD | DELETE | 2.1 TITLE | | Change Addition |
| 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 | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PEDRO, ALVAREZ J. | | 3.2 NAME | | |
| STREET ADDRESS | 4288 E 10 AVE HIALEAH FL | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP THLE | VD | DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | | Change Addition |
| 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 | ☐ DELETE | 5.1 TITLE | | Change Addition |
| 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 | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| 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: