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NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

FILED

36 MAY -1 AM 12:48

SECRETARY OF STATE



DOCUMENT # N94000003281 (2)

1. Corporation Name

FRATERNITY NATIONAL GUARD, INC.

Principal Place of Business

Mailing Address

18021 NW 41 PLACE  
MIAMI FL 33055

18021 NW 41 PLACE  
MIAMI FL 33055

3. Date Incorporated or Qualified

07/01/1994

3a. Date of Last Report

09/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

APPLIED FOR

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

10. Name and Address of New Registered Agent

TORRES, JOSE G  
18021 NW 41 PLACE  
MIAMI FL 33055

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

300001877523

-06/27/96--01021--003

\*\*\*\*\*61.25 \*\*\*\*\*61.25

FL

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	GUILLERMO, JAIME	1139 NW 7TH ST., #103	MIAMI FL 33172	<input checked="" type="checkbox"/>
VPO	MENDOZA, RICARDO A	6210 SW 38TH ST.	MIAMI FL 33155	<input checked="" type="checkbox"/>
TD	GUTIERREZ, JAIME	9858 SW 2ND ST.	MIAMI FL 33174	<input checked="" type="checkbox"/>
D	VANEGAS, LUIS	2295 SW 64TH AVE.	MIAMI FL 33145	<input checked="" type="checkbox"/>
SD	SANDOVAL, RONALD	955 W 74TH ST., #302	HALEAH FL 33012	<input checked="" type="checkbox"/>
D	AMADOR, PEDRO	1391 NW 30TH ST.	MIAMI FL 33142	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
PD	LUDENDORFF HUECK			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UPD	RONALD SANDOVAL	955 W 74 ST #302	HALEAH, FL 33012	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TD	MACARIO AVILES			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	ROGER CASTAÑO			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	GUILLERMO JAIME	1139 NW 7 ST #103	MIAMI FL 33172	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	PEDRO AMADOR	1391 NW 30 ST	MIAMI FL 33142	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-96 621-7171

CR2E037 (12/95)

REPLY BY FAX = (305) 622-7080

Form **SS-4**  
(Rev. December 1993)  
Department of the Treasury  
Internal Revenue Service

Application for Employer Identification Number  
(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0043  
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) <b>FRATERNITY NATIONAL GUARD, INC</b>	3 Executor, trustee, "care of" name <b>J. Jose Torres CPA</b>
2 Trade name of business, if different from name in line 1	5a Business address, if different from address in lines 4a and 4b
4a Mailing address (street address) (room, apt., or suite no.) <b>18021 NW 41 PL</b>	5b City, state, and ZIP code
4b City, state, and ZIP code <b>Miami FL 33055</b>	
6 County and state where principal business is located <b>Dade FL</b>	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) <b>LUDENDORFF HUECK</b>	<b># 566-59-0487</b>

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input type="checkbox"/> Other corporation (specify)	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input checked="" type="checkbox"/> Other nonprofit organization (specify)	(enter GEN if applicable)	
<input type="checkbox"/> Other (specify)		

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State <b>FL</b>	Foreign country
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9 Reason for applying (Check only one box.)

<input type="checkbox"/> Started new business (specify)	<input type="checkbox"/> Changed type of organization (specify)
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type)	<input type="checkbox"/> Created a trust (specify)
<input type="checkbox"/> Banking purpose (specify)	<input checked="" type="checkbox"/> Other (specify) <b>SOCIAL ORGANIZATION</b>

10 Date business started or acquired (Mo., day, year) (See instructions.)

11 Enter closing month of accounting year. (See instructions.)

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

**NO WAGES**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household
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14 Principal activity (See instructions.)

**SOCIAL ACTIVITY**

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used

☐ Yes ☒ No

16 To whom are most of the products or services sold? Please check the appropriate box.

<input type="checkbox"/> Public (retail)	<input checked="" type="checkbox"/> Other (specify) <b>Promote Fraternity among members</b>	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
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17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.

☐ Yes ☒ No

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name	Trade name
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17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

Name and title (Please type or print clearly.)

Signature **[Signature]** Date **06-05-96**

Note: Do not write below this line. For official use only.

Geo.	Ind.	Class	Size	Reason for applying
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Please leave blank

For Paperwork Reduction Act Notice, see attached instructions. Cat. No. 16055N Form **SS-4** (Rev. 12-93)

RD: per our conversation, enclosed is copy of IRS letter responding to my application for FEI!!