## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 

**MIAMI FL 33130** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N94000005536 (7)

Principal Plac 44 W FLAGLER SUITE 2400	ST	Mailing Address P. O. BOX 65-1518 N/A MIAMI FL 33265-1518	INC		
MIAMI FL 33130	,	US		3. Date Incorporated or Qualified 11/07/1994	3a. Date of Last Report 08/12/1996
2. Principal P	cipal Place of Business 2a. Mailing Address 25			4. FEI Number 65-0553001	Applied For Not Applicable
22 Sune, Apr. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25 9, Name and Address of Curre		Country 30	This corporation has liability for in Florida Statutes      Name and Address of New Reg	Yes No
<del></del>	s, Halle allo Addiess of Odife	III TOBISISISO ABOIII	81 Name		Patered Agent
JORGE A. DUARTE, P.A. 44 W FLAGLER ST SUITE 2400 MIAMI FL 33130			82 Street Addr	n6ulo , JeSus. ress (P.O. Box Number is Not Acceptabl スイク らい 46 3T	le)
			84 City Na	amı	FL 85 Zip Code
office or r	to the provisions of Sections 617.05/ registered agent, or both, in the State am familiar with, and except the oblig Signature, the primed name of registered ag	e of Florida. Such change was au pations of, Section 617,0503, Flor	s, the above-named corp athorized by the corporal	poration submits this statement for the pi tion's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	CD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BERNAL, PETER R		1,2 NAME		
STREET ADDRESS	10940 SW 104 AVE		1,3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP		
TITLE	TD CHARETAL DAGAGE	☐ DELETE	21 TITLE		Change  Addition
NAME	SHABETAI, RAFAEL 18104 SW 89 PL		2.2 NAME		
STREET ADDRESS	MIAMI FL 33157		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	SD SD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	DUARTE, JORGE		3.2 NAME		
STREET ADDRESS	44 W FLAGLER ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130		3 4. CITY-ST-ZIP		
TITLE	VCD	DELETE	4.1 TITLE		Change Addition
NAME	ANGULO, JESUS		4. 2 NAME		
STREET ADDRESS	13240 SW 46TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DELGADO, MARGARITA		5.2 NAME	sggggzg7	
STREET ADDRESS	44 W FLAGLER ST		5.3 STREET ADDRESS	-02/05/970103	32047
CITY-ST-ZIP	MIAMI FL 33130	·	5.4 CITY-ST-ZIP	***61.25	
TITLE	VSD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRAZZI, DOMENICA		6.2 NAME	1	_
STREET ADORESS	44 W FLAGLER ST		6.3 STREET ADDRESS	1/2	2-6

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 12 if thingset, or on an attachment with an address.

**FILED** 

Feb 05 1997 8:00am

Secretary of State