FILE NOW: FILING FEE IS \$61.25

NONPROFIT



1	DRPORATION NUAL REPORT 1996		B. Mortham ry of State						
POCI		0000259 (0)							
l	umento de fe internacio	` '							
Principal Place of Business Mailing Address									
799 PALM AVENUE 799 PALM AVENUE HIALEAH FL 33011 HIALEAH FL 33011									
		-				3. Date Incorporated or Qualified 01/18/1995	3a. Da	ate of Las	t Report
2. Principal	Place of Business	2a. Mailing Address 26				4. FEI Number 65-055749	11		Applied For
Suite, Ar	ot. #, etc.	Suite, Apt. #, etc.	····				76	\$0.7	Not Applicable 5 Additional
22		27				Certificate of Status Desired			Required
City & Si		City & State				Election Campaign Financing Trust Fund Contribution			00 May Be
Zip 24	Country 25	Zip 29	Country 30	'		8. This corporation has liability for i			. 199.032,
	9. Name and Address of Current		30		1	Florida Statutes [10. Name and Address of New R	_ Yes ∠ egistered		
81 Name							 		
GARCIA-BARBON, VICTORIO SR. 82 Street					Address	(P.O. Box Number is Not Acceptab	le)		
799 PALM AVENUE HIALEAH FL 33011								···	
ninuc/	41 FL 33011		83						
			84	1 '			FL	1 1	p Code
	nt to the provisions of Sections 617,0502 attered agent, or both, in the State of Florida with, and accept the obligations of Section		the above to by the corp	named cor oration's b	rporatio	n submits this statement for the purificing directors. I hereby accept the annotation	pose of cha	inging its	registered office
tamiliar SIGNATURE	The it dies descript the congations of, decile	n 617.0503, Florida Statutes.				the state of the s	on terrority do	1091510100	ogoni. ran
	Signature, typed or printed name of registered agent a		: Registered Ager	nt signature rec	quired wh	an reinstating)	DATE:		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	DRS IN 12
NAME	GARCIA-BARBON, VICTORIO SI	PD DELETE		1.1 TITLE			Į.	Change	Addition
STREET ADDRES	2305 EAST 4TH AVENUE STE. 203		1.2 NAME 1.3 STREET ADDRESS						
CITY-ST-ZIP	HIALEAH FL 33010	203	14 City-S						
TITLE	VD DELETE		2 1 TITLE					Change	Addition
NAME	DE CHOURIO, LUZ		2 2 NAME	2 2 NAME				_ •	
STREET ADDRES	EN MENT OF ILL OFFER		2 3 STREET	ADDRESS					
CITY-ST-ZIP TITLE	HIALEAH FL 33010	DELETE	2. 4 CITY - 5	ST - ZIP					····
NAME	SD Duran, Silvio	[]Dereie	3.1 TITLE					Change	Addition
STREET ADDRESS	799 PALM AVENUE		3.2 NAME	3.2 NAME 3.3 STREET ADDRESS					
CITY-ST-ZIP	HIALEAH FL 33011		3.4. C(TY-S						
TITLE	TD	DELETE	4.1 TITLE	-				Change	☐ Addition
NAME	GARCIA-BARBON, CARMEN B		4. 2 NAME						
STREET ADDRESS CITY+ST-ZIP	Edda Eriot Titi Attende of E. 200		1	4.3 STREET ADDRESS					
TITLE	HIALEAH FL 33010 D DELETE		4.4 CITY - ST 5.1 TITLE	4.4 CITY - ST - ZIP				7.0	
NAME	MARTINEZ, NIEVES	Detter	5.1 TITLE 5.2 NAME				L	Change	Addition
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP	HIALEAH FL 33010		54 CHTY-SI						
TITLE		DELETE	6.1 TITLE					Change	Addition .
NAME			6.2 NAME					-	
STREET ADDRESS	5		6.3 STREET	ADDRESS					

Cfty-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 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

Degrine Phone #