

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000001653 (3)

1. Corporation Name

ASSOCIATION CIVICA-COMBATIENTES FDN. INC.

Principal Place of Business

Mailing Address

1401 W. 29 ST., C-53  
HIALEAH FL 33012

1401 W. 29 ST., C-53  
HIALEAH FL 33012



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/04/1995		3a. Date of Last Report 02/03/96	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number N/A		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, JUAN G  
1401 W. 29 ST., C-53  
HIALEAH FL 33012

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D RODRIGUEZ, JUAN G 1401 W. 29 ST., C-53 HIALEAH FL 33012	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D DE RODRIGUEZ, IDELMA S 217 SW 15 AVE., #4 MIAMI FL 33135	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	D. GADEA LUIS
STREET ADDRESS		2.3 STREET ADDRESS	3055 SW 27 LN #8
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33133
TITLE	DS RODRIGUEZ, MARVIN 217 SW 15 AVE., #4 MIAMI FL 33135	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	D VINDEL LUIS
STREET ADDRESS		3.3 STREET ADDRESS	2209 CORAL GABLES
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ALAMBRG Circle 33135
TITLE	DS ROBLES, RODOLFO 7500 SW 153 ST., #105 MIAMI FL 33193	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DS DELGADILLO, ANDRES 3070 NW 26 MIAMI FL 33142	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	D TORREZ FERNIN
STREET ADDRESS		5.3 STREET ADDRESS	7423 SW 152 AVE # 208
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI FL 33193
TITLE	DS MARTINEZ, ROBERTO 6205 SW KENDALL CIR., #F-286 MIAMI FL 33183	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	DS MARIN JUAN DANILO
STREET ADDRESS		6.3 STREET ADDRESS	11021 SW 60 TERRA
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI FL 33173

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

\$75.00 deposited by bank 2/16/96  
02-03-96 (305) 822-0393

CR2E037 (12/95)