

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000001653 1. Corporation Name ASSOCIATION CIVICA-Combatientes FDN, INC			
Principal Place of Business 1401 W. 29 ST. C53 Hialeah FL 33012		Mailing Address 1401 W. 29 ST. C53 Hialeah FL 33012	
2. Principal Place of Business 21 State Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 04/04/1995		3a. Date of Last Report 02/03/96	
4. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		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 Rodriguez Juan G. 1401 W. 29 ST, C53 Hialeah FL 33012		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 re-nating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP	D Rodriguez Juan G 1401 W 29 ST - C-53 Hialeah FL 33012	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP	D GAOEA Luis 2055 SW 27 LN #8 Miami FL 33133	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP	D VINDEL Luis 2209 CORAL GABLES Alambre Circle 33135	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP	DS Robles Rodolfo 7500 SW 153 CT #105 Miami FL 33193	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	500002179185 -05/15/97--01005--001 ***75.00
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP	D TORRES FERMIN 7423 SW 152 AVE #208 Miami FL 33193	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	CS 5/6/97
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP	DS MANN JUAN DANILLO 11021 SW 60 Terr. Miami FL 33173	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	DS ENRIQUE BERMUDEZ 12010 SW 96 ST Miami FL 33186
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/01/97-(305)8220393 Date Daytime Phone #	

CR2E037 (9/96)