

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003687

1. Corporation Name

HERMANDAD DEL SENOR DE LOS MILAGROS DE NORTH MIA  
MI, INC.

Principal Place of Business

1698 NE 181 ST  
N MIAMI BEACH FL 33162  
US

Mailing Address

1698 N.E. 181ST STREET  
N MIAMI BEACH FL 33162



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 SEP 27 AM 8:27

amended

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/03/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0598854	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
24		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TUDELA, MELCHORA V  
1698 N.E. 181ST STREET  
N MIAMI BEACH FL 33162

81 Name ROSALIO RUIZ FERNANDEZ  
82 Street Address (P.O. Box Number is Not Acceptable) 710 N.E. 171 STREET  
83  
84 City NMB FL 85 Zip Code 33162

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]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 8/16/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	TUDELA, MELCHORA V	1.2 NAME	ROSALIO A. FERNANDEZ
STREET ADDRESS	1698 N.E. 181ST ST.	1.3 STREET ADDRESS	710 N.E. 171 ST.
CITY-ST-ZIP	N MIAMI BEACH FL 33162	1.4 CITY-ST-ZIP	NMB. FL. 33162
TITLE	VD	2.1 TITLE	VD
NAME	LOREDO, ZADIT	2.2 NAME	PEDRO ORLANDO GALERES
STREET ADDRESS	2026 N.E. 172ND STREET	2.3 STREET ADDRESS	700 N.E. 162 STREET
CITY-ST-ZIP	N MIAMI BEACH FL 33162	2.4 CITY-ST-ZIP	N.M.B. FLA 33162
TITLE	SD	3.1 TITLE	SD
NAME	LUNA, LILIANA	3.2 NAME	VICTORIA MARGARITA RIDAS
STREET ADDRESS	2116 N.E. 182ND STREET	3.3 STREET ADDRESS	710 N.E. 171 ST.
CITY-ST-ZIP	N MIAMI BEACH FL 33162	3.4 CITY-ST-ZIP	NMB FL. 33162
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	000002999148--8
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-03/28/99--01046--006
TITLE		5.1 TITLE	*****61.25
NAME		5.2 NAME	*****61.25
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

8/16/99

AD

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

000487

CR2E037 (5/99)