


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90042 043 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000005161					
1. Corporation Name FUNDACION INTERNACIONAL RUBEN DARIO, INC.					
Principal Place of Business 6000 RIVIERA DRIVE CORAL GABLES FL 33146			Mailing Address 6000 RIVIERA DRIVE CORAL GABLES FL 33146		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0644051	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
NERET, MAURICIO 6000 RIVIERA DRIVE CORAL GABLES FL 33146				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 TREASURER	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NERET, MAURICIO			1.2 NAME			
STREET ADDRESS	6000 RIVIERA DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33146			1.4 CITY-ST-ZIP			
TITLE	D PRESIDENT	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUCKLER, AARON			2.2 NAME			
STREET ADDRESS	1330 CORAL WAY #200			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33145			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARQUERO, LINDELENA			3.2 NAME			
STREET ADDRESS	10529 S.W. 73RD TERRACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33173			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIVAS, ERNESTO			4.2 NAME			
STREET ADDRESS	11580 S.W. 92 STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SACASA, GINA			5.2 NAME			
STREET ADDRESS	1205 MARIPOSA AVENUE APT. 408			5.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33146			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VILCHEZ, EDUARDO			6.2 NAME			
STREET ADDRESS	10043 N.W. 4TH LANE			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-99 (305)3251907
Date Daytime Phone #

CR2E037 (11/98)