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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005241

1. Corporation Name

NUEVA SOCIEDAD DE DAMAS BOLIVIANAS, INC.

Principal Place of Business
12570 SW 37 STREET
MIAMI FL 33165

Mailing Address
12570 SW 37 STREET
MIAMI FL 33165



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/03/1995 4. FEI Number 65-0387346 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

ROCABADO, YOLANDA
12570 SW 37 STREET
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name Virginia Reagan
82 Street Address (P.O. Box Number is Not Acceptable)
7345 SW 123 ST
83 Miami FL 33156
84 City Miami FL 85 Zip Code 33156

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 Virginia Reagan - Director Date 4/22/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	ROCABADO, YOLANDA	1.2 NAME	Rocabado Yolanda
STREET ADDRESS	12570 SW 37 STREET	1.3 STREET ADDRESS	12570 SW 37 ST.
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP	Miami FL 33165
TITLE	PD	2.1 TITLE	PD
NAME	AURORA, ARZE	2.2 NAME	Grocla Harris
STREET ADDRESS	4707 NW 7 ST #101	2.3 STREET ADDRESS	6377 SW 118 Ave
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	Miami FL 33183
TITLE	VPD	3.1 TITLE	PD
NAME	VALLEJO, RITA A	3.2 NAME	Maria Luisa Bartholin
STREET ADDRESS	8437 NW 7 ST	3.3 STREET ADDRESS	10752 SW 117 ST.
CITY-ST-ZIP	MIAMI FL 23126	3.4 CITY-ST-ZIP	Miami, FL 33176
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Virginia Reagan
STREET ADDRESS		4.3 STREET ADDRESS	7345 SW 123 ST.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami FL 33156
TITLE		5.1 TITLE	
NAME		5.2 NAME	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

Daytime Phone #

CR2E037 (11/98)