

FILE NOW: FILING FEE IS \$61.25

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Jun 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005885 (7)**

1. Corporation Name

**GRUPO FOLKLORICO ESMERALDA, INC.**



Principal Place of Business <b>1381 SEAVIEW AVENUE NO. LAUDERDALE FL 33068</b>	Mailing Address <b>1381 SEAVIEW AVENUE NO. LAUDERDALE FL 33068-3909</b>
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3. Date Incorporated or Qualified <b>12/14/1995</b>	3a. Date of Last Report <b>06/06/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <del>95-000000</del> <b>65-0621049</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WAGNER, MARIA L 1381 SEAVIEW AVENUE NO. LAUDERDALE FL 33068</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	PTD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAGNER, MARIA L</b>	1.2 NAME	<b>Wagner Maria Lucy</b>
STREET ADDRESS	<b>1381 SEAVIEW AVENUE</b>	1.3 STREET ADDRESS	<b>1381 Seaview</b>
CITY-ST-ZIP	<b>NO. LAUDERDALE FL 33068</b>	1.4 CITY-ST-ZIP	<b>North Lauderdale fl. 33068</b>
TITLE	VDD <input type="checkbox"/> DELETE	2.1 TITLE	VDD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIRALDO, GILBERTO</b>	2.2 NAME	<b>Girardo Gilberto</b>
STREET ADDRESS	<b>1381 SEAVIEW AVENUE</b>	2.3 STREET ADDRESS	<b>1381 Seaview</b>
CITY-ST-ZIP	<b>NO. LAUDERDALE FL 33068</b>	2.4 CITY-ST-ZIP	<b>North Lauderdale fl. 33068</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARANGUIBEL, DIANA</b>	3.2 NAME	<b>Luz Angela Girardo</b>
STREET ADDRESS	<b>585 NO. UNIVERSITY DRIVE</b>	3.3 STREET ADDRESS	<b>1381 Seaview</b>
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	3.4 CITY-ST-ZIP	<b>North Lauderdale fl. 33068</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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]* 5/20/97 (911) 975 4689

CR2E037 (9/96)