

FILE NOW: FILING FEE IS \$61.25

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Jul 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001695

1. Corporation Name

ASOCIACION DE EX-CADETES DEL COLEGIO MILITAR
LEONCIO PRADO, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/12/96		3a. Date of Last Report	
21 C/O SERGIO MASSA		26 C/O SERGIO MASSA		4. FEI Number 65-0667703		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
22 8347 SW 40 STREET		27 8347 SW 40 STREET		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 MIAMI, FL		28 MIAMI, FL		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Zip		Zip		Country		Country	
24 33155		25 USA		29 33155		30 USA	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	JOSE H. BARBARAN
82 Street Address (P.O. Box Number is Not Acceptable)	8100 GENEVA CT.
83	No. C-534
84 City	Miami
85 Zip Code	FL 33166

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, Type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/15/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P, S, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	JOSE H. BARBARAN
STREET ADDRESS		1.3 STREET ADDRESS	8100 GENEVA CT. No. 534
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI, FL 33166
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	SAMUEL CAVERO
STREET ADDRESS		2.3 STREET ADDRESS	9705 HAMMOCK BLVD. No. 103
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33196
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	SERGIO MASSA
STREET ADDRESS		3.3 STREET ADDRESS	8347 SW 40 ST.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33155
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	400002234464 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-07/10/97--01004--007
STREET ADDRESS		5.3 STREET ADDRESS	***61.25
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/15/97 (305) 3832956

CR2E037 (9/96)