

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 23 1998 8:00am
 Secretary of State

0055253

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002601 (0)

1. Corporation Name

MOVIMIENTO DEMOCRACIA, CORP.



Principal Place of Business	Mailing Address
8150 SW 8TH ST. STE. 217 MIAMI FL 33144	P.O. BOX 440661 MIAMI FL 33144-0661

3. Date Incorporated or Qualified	Applied For
05/15/1996	Not Applicable
4. FEI Number	
65-0723923	

21. Principal Place of Business	2a. Mailing Address		
21 SAME AS ABOVE	2a SAME AS ABOVE.		
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.		
22	27		
23. City & State	28. City & State		
23	28		
24. Zip	25. Country	29. Zip	30. Country
24	25	29	30

5. Certificate of Status Desired	Additional Fee Required
<input checked="" type="checkbox"/> Yes	\$8.75
6. Election Campaign Financing Trust Fund Contribution	May Be Added to Fees
<input type="checkbox"/> Yes	\$5.00
7. Is this nonprofit corporation a homeowners association?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SANCHEZ, RAMON S
 8150 SW 8TH ST. STE. 217
 MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SANCHEZ, RAMON S	
STREET ADDRESS	8150 SW 8TH ST. STE. 217	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	PALACIOS, RAFAEL	
STREET ADDRESS	4973 SW 74TH. CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	GOMEZ, PEDRO J	
STREET ADDRESS	13287 SW 43RD. LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DELVALLE, NORMAN	
STREET ADDRESS	7201 SW 102 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GEORGINA SHELTON
2.3 STREET ADDRESS	131 MADEIRA
2.4 CITY-ST-ZIP	CORNAL GABLES FL. 33134
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	OS. MILAGROS S. VELASCO
3.3 STREET ADDRESS	9210 SW 15 ST
3.4 CITY-ST-ZIP	MIA. FL. 33174
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: Ramon Sanchez Date: 305-264-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2E037 (5/98)