→ FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N96000002989 (9)

MOVIMIENTO DEMOCRATA MARTIANO (BRIGADA BERNARDO CORRALES), INC.

Principal Place of Business

Mailing Address

FILED Jun 03 1997 8:00am Secretary of State



MAMIFL 33135			MIAMI FL 33135-1904						
						3. Date Incorporated or Qualified 06/06/1996	3a. Date	e of Last	Report
2. Principal Place of Business			2a. Mailing Address	2a. Mailing Address		4. FEI Number			Applied For
21			26 Y.O. DO			65 068 1614	<u> </u>	1	łot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.	⊢		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	y & State		City 8. State			Election Campaign Financing Trust Fund Contribution	\$5,00 May Be ddded to Fees		
Zip 24		Country 25	Zip 73/31	Countr 30	у	8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No			
=	9. Na	me and Address of Curr				10. Name and Address of New Re	gistered A	gent	
		•		81	Name				,
CO	DRRALES, VIC	ente		82	82 Street Address (P.O. dox Number is Not Acceptable)				
1800-C SW 3RD ST.									
	IAMI FL 33135			83	3				
				84	City		FL	85 Zip	Code
44 5		visions of Continue 617 0	FOO and 617 1509 Florida Statu	dan the new	o nomed cor	poration submits this statement for the p		hanaina	ite registered
off	ice or registerer	ilegent or both in the Sta	ite of Florida. Such change was igations of, Section 617.0503, F	authorized b	v the corpora	ation's board of directors. I hereby accep	of the appo	intment a	s registered
SIGNA	TURE						DATE		
12.	Signature, I	yped or printed name of registered a	agent and title if applicable. (NO NO DIRECTORS	TE: Registered Ac	jent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTO)RS IN 12
TITLE	DP	Orriberion	DELETE	1.1 TITLE				Change	
NAME	•	A, GUSTAVO		1,2 NAME				-	
STREET A		OUNTAINEBLEAU BLV	/D., #114	1.3 STREE	T ADDRESS				
CITY-ST		II FL 33172		1.4 CITY-	ST-ZIP				
TITLE	DV		DELETE	2.1 TITLE				Change	Addition
NAME	BELG	ADO, DORA		2.2 NAME					
STREET A	UDDRESS 2275	SW 17 ST., 2ND FL.		2.3 STREE	T ADDRESS				
CATY-ST	ZIP MIAN	II FL 33145		2. 4 CITY	-ST-ZIP				
TITLE	DS		☐ DELET E	3.1 THILE	j			Change	Addition
NAME		ICIBIA, TOMAS		3.2 NAME					İ
STREET A		NW 19 AVE., APT. G-2	206	3.3 STREE	T ADDRESS				
CITY-ST		II FL 33125	T DELETE	3.4. CITY	- ST - ZIP			Change	Addition
TITLE	DTS		☐ DELETE	4.1 TITLE	_			Change	L Addition
NAME		, RENE M		4.2 NAM					
STREET A		E 52 TER.			T ADDRESS				
CITY-ST	-zip mia n	II FL 33134	DELETE	4.4 CITY- 5.1 TITLE		+		Change	Addition
NAME				5.2 NAME					
STREET A	IDODECC				ET ADDRESS				
	ŀ			5.4 CITY					
CITY-ST	- 417		DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME				·	
STREET A	NOORESS				T ADDRESS				
CITY-ST				6.4 CITY					
VI. 1 - VI						(1) 0 // (40 07/01/) F(1) 0/1/4			

I do hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

VICENTE CORPALES