


FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N96000008051</b> 1. Corporation Name <b>SURVIVORS OF GUANTANAMO BAY CORP.</b>			
Principal Place of Business <b>3470 S.W. 113 PLACE</b> <b>MIAMI, FL. 33165</b>		Mailing Address <b>3470 S.W. 113 PL.</b> <b>MIAMI, FL. 33165</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified <b>06-07-96</b>		3a. Date of Last Report	
4. FET Number <b>APPLIED FOR</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" 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>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>John V. Viso.</b> <b>3470 S.W. 113 PLACE</b> <b>MIAMI, FL. 33165</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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: <b>John V. Viso.</b> <b>Director.</b> <b>04/28/97</b> <small>Signature of officer or director of corporation and title if applicable (NOTE: Registered Agent signature required when re-stating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME <b>D. RAFAEL MARTINEZ</b> STREET ADDRESS <b>10431 S.W. 40 TERR</b> CITY-ST-ZIP <b>MIAMI, FL. 33165</b>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME <b>D. RAMON RODRIGUEZ</b> STREET ADDRESS <b>12401 WEST OKEECHOBEE RD. #131</b> CITY-ST-ZIP <b>MIAMI GARDENS, FL. 33016</b>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME <b>D. ANTONIO MORENO</b> STREET ADDRESS <b>10491 N.W. 40 TERR.</b> CITY-ST-ZIP <b>MIAMI, FL. 33165</b>		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME <b>John V. Viso</b> STREET ADDRESS <b>3470 S.W. 113 PLACE.</b> CITY-ST-ZIP <b>MIAMI, FL. 33165</b>		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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: **John V. Viso.** **04/28/97 (305)551-7071**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)