

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003051 (7)

1. Corporation Name

SURVIVORS OF GUANTANAMO BAY CORP.

Principal Place of Business

Mailing Address

3470 SW 113 PL.
MIAMI FL 33165

3470 SW 113 PL.
MIAMI FL 33165



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/07/1996

4. FEI Number

06-0677675

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

VISO, JOHN V
3470 SW 113 PL.
MIAMI FL 33165

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 *John V. Viso*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

06/05/98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME ~~MARTINEZ, RAFAEL~~

STREET ADDRESS ~~10431 SW 40 TERR~~

CITY-ST-ZIP ~~MIAMI FL 33165~~

TITLE ☐ DELETE

NAME ~~RODRIGUEZ, RAMON~~

STREET ADDRESS ~~12401 W. OKEECHOBEE RD., #131~~

CITY-ST-ZIP ~~MALEAH GARDENS FL 33016~~

TITLE ☒ DELETE

NAME ~~MORENO, ANTONIO~~

STREET ADDRESS ~~10431 SW 40 TERR~~

CITY-ST-ZIP ~~MIAMI FL 33165~~

TITLE ☐ DELETE

NAME ~~VISO, JOHN V~~

STREET ADDRESS ~~3470 SW 113 PL~~

CITY-ST-ZIP ~~MIAMI FL 33165~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME OSCAR S. HERNANDEZ

1.3 STREET ADDRESS 3201 S.W. 92 PLACE

1.4 CITY-ST-ZIP MIAMI, FL 33165

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME P/D JOHN V. VISO

4.3 STREET ADDRESS 3470 SW 113 PL.

4.4 CITY-ST-ZIP MIAMI, FL 33165

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *John V. Viso*

06/05/98 (308551-707)

CR2E037 (10/97)