

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000003254 (7)

1. Corporation Name

BUSTAMANTE PATRONAGE INC.



Principal Place of Business

Mailing Address

**390 N.W. 2ND STREET
APT. 902
MIAMI FL 33128**

**390 N.W. 2ND STREET
APT. 902
MIAMI FL 33128-1650**

3. Date Incorporated or Qualified

06/17/1996

3a. Date of Last Report

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

4. FEI Number

65-0680474

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE BUSTAMANTE, MANUEL R
390 N.W. 2ND STREET
APT. 902
MIAMI FL 33128**

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, 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

Manuel R. de Bustamante

DATE

1/8/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **ARISTA-SALADO, LEOPOLDO**
CITY-ST-ZIP **1769 SW 24 TERRACE
MIAMI FL 33145**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **DE BUSTAMANTE, MANUEL R**
CITY-ST-ZIP **390 N.W. 2ND STREET APT. 902
MIAMI FL 33128**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **RUANO, RAFAEL**
CITY-ST-ZIP **5249 N.W. 7 STREET APT. 300
MIAMI FL 33126**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **SELA, ORLANDO**
CITY-ST-ZIP **1950 WEST 54 STREET APT 120
HIALEAH FL 33012**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **VILLVERDE, MANOLO**
CITY-ST-ZIP **6261 SW 27 STREET
MIAMI FL 33155**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0029626

Manuel R. de Bustamante **MANUEL R. de BUSTAMANTE (305) 577-3484**

CR2E037 (9/96)