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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

06/17/1996

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**

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ARISTA-SALADO, LEOPOLDO	
STREET ADDRESS	1769 SW 24 TERRACE	
CITY-ST-ZIP	MIAMI FL 33145	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALBERTO PEREZ
1.3 STREET ADDRESS	13600 SW 99 ST.
1.4 CITY-ST-ZIP	MIAMI, FL 33186

TITLE	TD	<input type="checkbox"/> DELETE
NAME	DE BUSTAMANTE, MANUEL R	
STREET ADDRESS	390 N.W. 2ND STREET APT. 902	
CITY-ST-ZIP	MIAMI FL 33128	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CARLOS A NUÑEZ
2.3 STREET ADDRESS	6315 NW 111 Terr
2.4 CITY-ST-ZIP	Hialeah, FL 33016

TITLE	TD	<input type="checkbox"/> DELETE
NAME	RUANO, RAFAEL	
STREET ADDRESS	5249 N.W. 7 STREET APT. 300	
CITY-ST-ZIP	MIAMI FL 33126	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SELA, ORLANDO	
STREET ADDRESS	1950 WEST 54 STREET APT 120	
CITY-ST-ZIP	HIALEAH FL 33012	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	VILLAYERDE, MANOLO	
STREET ADDRESS	6261 SW 27 STREET	
CITY-ST-ZIP	MIAMI FL 33155	

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 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:

Manuel R. de Bustamante, Manuel R, 2/9/98 (305) 77-3484

CR2E037 (10/97)