

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90258 020 ****70.00

DOCUMENT # N96000003616

1. Corporation Name

COMUNIDAD DE FE INC.

Principal Place of Business

3982 NW 167 ST
MIAMI FL 33054
US

Mailing Address

3982 NW 167 ST
MIAMI FL 33054
US

451257-90258-20



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/08/1996

4. FEI Number

65-0679362

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

9. Name and Address of Current Registered Agent

DAVILA, HERMAN
7815 W. 29 LANE
#202
HIALEAH FL 33016

10. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
DAVILA, HERMAN
7815 W. 29TH LANE, 202
HIALEAH FL 33016

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
CHE, ROBERTO
15221 N.E. 6 AVENUE, 209
MIAMI FL 33015

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
CHE, ELVIRA
15221 N.E. 6 AVE SUITE 209
MIAMI FL 33162

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T
CHE, ROBERTO
15221 N.E. 6 AVE SUITE 209
MIAMI FL 33162

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
LOPEZ, NORBERTO
17820 N.W. 79 AVENUE
MIAMI FL 33015

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
MAAS, MIGUEL
1085 N.E. 126 STREET, #1
MIAMI FL 33161

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)