


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90022 002 \*\*\*\*61.25

|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # N97000000273**

1. Corporation Name

**COMITE XXX ANIVERSARIO DEL CIERRE DEL PRESIDIO P  
OLITICO DE ISLADE PINOS, INC.**

Principal Place of Business

1590 W. 46TH ST., APT. 235  
HIALEAH FL 33012

Mailing Address

1590 W. 46TH ST., APT. 235  
HIALEAH FL 33012



|   |  |   |                                   |
|---|--|---|-----------------------------------|
| 2. Principal Place of Business                  |  | 2a. Mailing Address                                   | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc.                          |  | 26 Suite, Apt. #, etc.                                | 01/17/1997                        |
| 22 City & State                                 |  | 27 City & State                                       | 4. FEI Number                     |
| 23 Zip  |  | 28 Zip  | 65-0720982                        |
| 24 Country                                      |  | 29 Country  | Applied For                       |
|   |  | 30  | Not Applicable                    |
| 9. Name and Address of Current Registered Agent |  | 10. Name and Address of New Registered Agent          |                                   |
| RUANO, ENRIQUE R                                |  | 81 Name   |                                   |
| 1590 W. 46TH ST., APT. 235                      |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                                   |
| HIALEAH FL 33012                                |  | 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                      | PD <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RUANO, ENRIQUE R                    | 1.2 NAME  |   |
| STREET ADDRESS             | 1590 W 46TH ST APT 235              | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | HIALEAH FL 33012                    | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VPD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GONZALEZ, LUIS A                    | 2.2 NAME  |   |
| STREET ADDRESS             | 3890 N W 4TH ST                     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL 33126                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CORZO, PEDRO                        | 3.2 NAME  |   |
| STREET ADDRESS             | 1817 S W 107TH AVE #1808            | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL 33165                      | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FERNANDEZ, JOSE R                   | 4.2 NAME  |   |
| STREET ADDRESS             | 12300 S W 47TH ST                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL 33175                      | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME  |   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME  |   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 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: *Enrique Ruano* SIGNATURE REQUIRED ENRIQUE RUANO 8/4/99 305-827-7735  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)