

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006605 (6)**

1. Corporation Name

**AMISTAD Y CARIDAD-FRIENDSHIP & CHARITY-BUILDING  
A FOUNDATION FOR THE DISABLED OF MEXICO, INC.**



Principal Place of Business <b>9040 SUNSET DRIVE, SUITE 70-A MIAMI FL 33173</b>	Mailing Address <b>9040 SUNSET DRIVE, SUITE 70-A MIAMI FL 33173</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>11/20/1997</b>	Applied For Not Applicable
4. FEI Number <b>65-0796727</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LEECH, LESLIE W JR 9040 SUNSET DRIVE MIAMI FL 33173</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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10. Name and Address of New Registered Agent
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEECH, LESLIE W JR</b>	1.2 NAME	<b>LEECH, LESLIE W.</b>
STREET ADDRESS	<b>9040 SUNSET DRIVE</b>	1.3 STREET ADDRESS	<b>9040 SUNSET DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	1.4 CITY-ST-ZIP	<b>MIAMI FL 33173</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D/S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANIELLO, JOSEPH A</b>	2.2 NAME	<b>ANIELLO, JOSEPH A.</b>
STREET ADDRESS	<b>1411 NW 14TH AVE.</b>	2.3 STREET ADDRESS	<b>1411 NW 14TH AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	2.4 CITY-ST-ZIP	<b>MIAMI FL 33125</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOCK, JENNIE WEISS</b>	3.2 NAME	
STREET ADDRESS	<b>7555 LOS PINOS BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/98 (305) 596-9040

Date Daytime Phone #

CR2E037 (10/97)