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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90052 018 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001512

1. Corporation Name

IFA FORE. CORP.

Principal Place of Business

864 N KROME AVE
HOMESTEAD FL 33039

Mailing Address

864 N KROME AVE
HOMESTEAD FL 33039

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 864 N. Krome Ave	26 864 N. Krome Ave	03/13/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	Applied For
City & State	City & State	XX Not Applicable
23 Homestead, FL	28 Homestead, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24 33030 25 US	29 33030 30 US	Trust Fund Contribution

9. Name and Address of Current Registered Agent

RODRIGUEZ, YVETTE
864 N KROME AVE
HOMESTEAD FL 33039

10. Name and Address of New Registered Agent

81 Name	Yvette Rodriguez
82 Street Address (P.O. Box Number is Not Acceptable)	864 N. Krome Avenue
83	
84 City	Homestead FL 33030

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	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alfredo Carabeo "D"	1.2 NAME	
STREET ADDRESS	139 NE 17 Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Homestead, FL 33030	1.4 CITY-ST-ZIP	
TITLE	Vice-President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yvette Rodriguez "D"	2.2 NAME	
STREET ADDRESS	139 NE 17 Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Homestead, FL 33030	2.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Veronica Martinez "D"	3.2 NAME	
STREET ADDRESS	1442 Towhee Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Homestead, FL 33030	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 305-277-2612

Date

Daytime Phone #

CR2E037 (1/98)