

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 02, 1999 8:00 am
Secretary of State

04-02-1999 90006 005 ****61.25

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DOCUMENT # N98000003625

1. Corporation Name

MIRTA PENELAS FOUNDATION, INC.

Principal Place of Business
6209 N.W. 171 STREET
HIALEAH FL 33015

Mailing Address
6209 N.W. 171 STREET
HIALEAH FL 33015



| | | | | | |
|---|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/22/1998 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0847710 | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| A&P REGISTERED AGENT, INC. 2450 S.W. 137TH AVENUE SUITE 226 MIAMI FL 33175 | | | | 81 | Name |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | 83 | |
| | | | | 84 | City |
| | | | | 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 | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PENELAS, LUIS SR. | 1.2 NAME | |
| STREET ADDRESS | 6209 N.W. 171 STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL 33015 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PENELAS, LUIS JR. | 2.2 NAME | |
| STREET ADDRESS | 1670 LINCOLN ROAD COURT APT. 3B | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139-2157 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TORRES, PEDRO PABLO JR. | 3.2 NAME | |
| STREET ADDRESS | 9830 S.W. 4TH STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33174 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERNANDEZ, DAISY | 4.2 NAME | |
| STREET ADDRESS | 15110 GARVOCK PLACE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI LAKES FL 33016 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AMARO, HUMBERTO | 5.2 NAME | |
| STREET ADDRESS | 5859 S.W. 24 TERR. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33175 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERNANDEZ, JESUS | 6.2 NAME | |
| STREET ADDRESS | 11830 S.W. 24TH TERR. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33175 | 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

Date

(305) 557-5432

Daytime Phone #

CR2E037 (11/98)