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Apr 02, 1999 8:00 am
Secretary of State

0023909

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

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

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	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	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	FL	85

I, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 REQUIRED** *[Signature]* **3/30/99** *(305) 557-5432*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)