

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



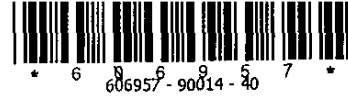
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90024 029 ****61.25

DOCUMENT # **98000003715** ✓
1. Corporation Name
Movimiento Bolivariano Venezolano
23 de Enero.

Principal Place of Business Mailing Address
9894 SW 222 ST **Same**
Miami, FL 33190



2. Principal Place of Business 1 9894 SW 222 ST Suite, Apt. #, etc. Hialeah, FL City & State Zip 33190 Country USA		2a. Mailing Address 26 Same Suite, Apt. #, etc. City & State Zip 33190 Country USA		3. Date Incorporated or Qualified 06-28-99	
		4. FEI Number 65-0849316		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent JESUS SOTO 9894 SW 222 Street MIAMI, FL 33190			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		

1. 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

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE Vice-President/Director <input type="checkbox"/> DELETE	1.2 NAME Eliether Ruiz	1.1 TITLE Vice-President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME Eliether Ruiz
1.3 STREET ADDRESS 14536 SW 110th ST	1.3 STREET ADDRESS Hialeah, FL 33186	1.3 STREET ADDRESS 6025 SW 87 Av.	1.3 STREET ADDRESS Miami, FL 33173
1.4 CITY-STATE-ZIP MIAMI, FL 33186		1.4 CITY-STATE-ZIP MIAMI, FL 33173	
2.1 TITLE JESUS SOTO <input type="checkbox"/> DELETE	2.2 NAME JESUS SOTO	2.1 TITLE DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME JESUS SOTO
2.3 STREET ADDRESS 9894 SW 222 Street	2.3 STREET ADDRESS MIAMI, FLORIDA 33190	2.3 STREET ADDRESS MIAMI, FLORIDA 33190	
2.4 CITY-STATE-ZIP MIAMI, FLORIDA 33190		2.4 CITY-STATE-ZIP MIAMI, FLORIDA 33190	
3.1 TITLE TREASURER <input type="checkbox"/> DELETE	3.2 NAME TATISYALIS SOTO	3.1 TITLE TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME TATISYALIS SOTO
3.3 STREET ADDRESS 9894 SW 222 Street	3.3 STREET ADDRESS MIAMI, FLORIDA 33190	3.3 STREET ADDRESS MIAMI, FLORIDA 33190	
3.4 CITY-STATE-ZIP MIAMI, FLORIDA 33190		3.4 CITY-STATE-ZIP MIAMI, FLORIDA 33190	
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6.4 CITY-STATE-ZIP MIAMI, FLORIDA 33190		6.4 CITY-STATE-ZIP MIAMI, FLORIDA 33190	

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:

J. Jesus Soto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-28-99 (305) 235-1597
Date Daytime Phone #

CR2E037 (11/98)