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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90145 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003842

1. Corporation Name

MOVIMIENTO-V-REPUBLICA USA, INC.

Principal Place of Business

**9894 SW 22ND STREET
MIAMI FL 33190**

Mailing Address

**9894 SW 22ND STREET
MIAMI FL 33190**

493030 - 90145 - 43



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 SAME AS ABOVE	25 SAME AS ABOVE	07/01/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0849314
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOTO, JESUS RAFAEL
9894 SW 22ND STREET
MIAMI FL 33190**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, JESUS RAFAEL	1.2 NAME	
STREET ADDRESS	9894 SW 22ND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33190	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUIZ, ELIEZER	2.2 NAME	ELIQUINIA CASANOVA
STREET ADDRESS	14536 SW 110TH ST	2.3 STREET ADDRESS	6025 SW 87 AVENUE
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33173
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, TAHISYALIS	3.2 NAME	
STREET ADDRESS	9894 SW 22ND STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33190	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUIZ, RUBEN DARIO	4.2 NAME	Anibal Almeida
STREET ADDRESS	420 BRICE STREET #6	4.3 STREET ADDRESS	9894 SW 222 ST
CITY-ST-ZIP	KETCHIKAN AL 99901	4.4 CITY-ST-ZIP	Miami, FL 33190
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YANEZ, MAGDA	5.2 NAME	Elvia Castillo
STREET ADDRESS	3030 COLLINS AVENUE APTO #4F	5.3 STREET ADDRESS	9894 SW 222 ST
CITY-ST-ZIP	MIAMI BEACH FL 33139	5.4 CITY-ST-ZIP	Miami, FL 33190
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YANEZ, ELEAZAR	6.2 NAME	Manuel Pita
STREET ADDRESS	3030 COLLINS AVENUE APTO #4F	6.3 STREET ADDRESS	9894 SW 222 ST
CITY-ST-ZIP	MIAMI BEACH FL 33139	6.4 CITY-ST-ZIP	Miami, FL 33190

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: SOTO, JESUS RAFAEL

04-2899 (305) 235-1597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)