


FILE NOW: FILING FEE IS \$61.25

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Feb 11, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004073

1. Corporation Name
CENTRO INTERNACIONAL DE ALABANZA NORTE, INCORPORATED

Principal Place of Business 1800 W. 68 ST. HIALEAH FL 33014	Mailing Address 1800 W. 68 ST. HIALEAH FL 33014
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/13/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0849433
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BARRERA, HERNAN 15853 SW 71 ST. MIAMI FL 33183	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARRERA, HERNAN		1.2 NAME	
STREET ADDRESS 15853 SW 71 ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33183		1.4 CITY-ST-ZIP	
TITLE DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARRERA, MICHELLE		2.2 NAME	
STREET ADDRESS 15853 SW 71 ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33183		2.4 CITY-ST-ZIP	
TITLE DV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAIME, JULIO		3.2 NAME	
STREET ADDRESS 8400 SW 133 AVE. RD., BLDG. 1 #204		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33183		3.4 CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IXCHU, ALBERT		4.2 NAME	
STREET ADDRESS 9621 SW 77 AVE. #303-B		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33156		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAIME, CLAUDIA		5.2 NAME	
STREET ADDRESS 8400 SW 133 AVE. RD., BLDG. 1 #204		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33183		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IXCHU, LIZZBETH		6.2 NAME	
STREET ADDRESS 9621 SW 77 AVE. #303-B		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33012		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 DATE: 1/24/99 DAYTIME PHONE #: 305 3800524

CR2E037 (1/98)