

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P16475 (6)

1. Corporation Name

FUNDACION SALVADORENA PARA EL DESARROLLO ECONMICO Y SOCIAL, INC.



Principal Place of Business	Mailing Address
782 NW 42ND AVE. SUITE 447 MIAMI FL 33126 US	782 NW 42ND AVE. SUITE 447 MIAMI FL 33126 US

3. Date Incorporated or Qualified 10/21/1987	3a. Date of Last Report 04/05/1995
4. FEI Number 65-0012605	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOUMIET, CARLOS E.
1221 BRICKELL AVE., 21ST FL.
MIAMI FL 33131**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	DM <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, EDUARDO	1.2 NAME	
STREET ADDRESS	BOULEVARD SANTA ELENA	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANTIGUO, EL SALVADOR	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRALES, ANTONIO	2.2 NAME	
STREET ADDRESS	BOULEVARD SANTA ELENA	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANTIGUO, EL SALVADOR	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRST C, ROBERTO	3.2 NAME	
STREET ADDRESS	BOULEVARD SANTA ELENA	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANTIGUO, EL SALVADOR	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEJIA, LEONEL	4.2 NAME	
STREET ADDRESS	BOULEVARD SANTA ELENA	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANTIGUO, EL SALVADOR	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELASCO, MARIO LUIS	5.2 NAME	
STREET ADDRESS	BOULEVARD SANTA ELENA	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANTIGUO, EL SALVADOR	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOUCHE, JORGE ZABLAH	6.2 NAME	
STREET ADDRESS	BOULEVARD SANTA ELENA	6.3 STREET ADDRESS	
CITY-ST-ZIP	ANTIGUO, EL SALVADOR	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

[Handwritten Signature]

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)