

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0012605

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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	DM	<input type="checkbox"/> DELETE
NAME	NUNEZ, EDUARDO	
STREET ADDRESS	BOULEVARD SANTA ELENA	
CITY-ST-ZIP	ANTIGUO, EL SALVADOR	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CABRALES, ANTONIO	
STREET ADDRESS	BOULEVARD SANTA ELENA	
CITY-ST-ZIP	ANTIGUO, EL SALVADOR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIRST C, ROBERTO	
STREET ADDRESS	BOULEVARD SANTA ELENA	
CITY-ST-ZIP	ANTIGUO, EL SALVADOR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEJIA, LEONEL	
STREET ADDRESS	BOULEVARD SANTA ELENA	
CITY-ST-ZIP	ANTIGUO, EL SALVADOR	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VELASCO, MARIO LUIS	
STREET ADDRESS	BOULEVARD SANTA ELENA	
CITY-ST-ZIP	ANTIGUO, EL SALVADOR	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TOUCHE, JORGE ZABLAH	
STREET ADDRESS	BOULEVARD SANTA ELENA	
CITY-ST-ZIP	ANTIGUO, EL SALVADOR	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)