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- NONPROFIT .
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B, Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P36767

(2)

PATRONATO BENEFICO ORIENTAL OF THE UNITED STATES . INC.

* AMERICAS EXPORT
2600 SW 3RD AVE., STE 600
MIAMI FL 33129-2338

Principal Place of Business

Mailing Address

% AMERICAS EXPORT 2600 SW 3RD AVE.. STE 600 MIAMI FL 33129-2338

|--|

				Date Incorporated or Qualified	3a. Date of Last Report
2 Principal D	lace of Business			12/20/1991	05/30/1995
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.		26		52-1273588	Not Applicable
	#, O IC.	Suite, Apt. #, etc.		F 0 112	¢0.75
22		27		5. Certificate of Status Desired	Fee Required
City & Stati	6	City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		The No
	Name and Address of Current F	Registered Agent		10. Name and Address of New F	
			81 Name	9	- Brasile Algeria
TAWIL, I	NICOLA		-		
	V 3RD AVE., SUITE 600		82 Street	t Address (P.O. Box Number is Not Acceptab	le)
MIAMI F			83		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 44154				
			84 City		85 Zip Code
11. Pursuant t	to the provisions of Spelians C47 C500	1017.1500 5			FL
• or register	ed agent, or both, in the State of Florida.	iu bii r. 1508, Florida Statute Such change was authorize	s, the above-named o	corporation submits this statement for the pur s board of directors. I hereby accept the appr	pose of changing its registered office
IOTHIAI WII	th, and accept the obligations of, Section	617.0503, Florida Statutes.	y and dorporation;	o sound or directors, i hereby accept the appoint	ointment as registered agent. Lam
SIGNATURE _					
12.	Signature, typed or printed name of registered agent and		E. Registered Agent signature		DATE
TITLE	OFFICERS AND D		13.	ADDITIONS CHANGES TO OFF	CERS AND DIRECTORS IN 12
ľ	CPT	DELETE	1.1 THE	Director	Change
NAME	MENENDEZ, XIOMARA	Florre	1.1 TIFLE 12 NAME	Nicholas I Touti	☐ Change
NAME		Floerese		Nicholas I Tawil	•
NAME STREET ADDRESS	MENENDEZ, XIOMARA	Defere	1.2 NAME 1.3 STREET ADDRESS	Nicholas I Tawil Central Romana, La R	•
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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 the 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 12 if changed, or on an attachment with an indicate.

| SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Xiomara Menendez

March 1996

305-856-4234

Dayt rije Phone №