

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 # 770271 (5)
1. Corporation Name
SALVADORAN-AMERICAN HEALTH FOUNDATION, INC.



| | | | | | |
|---|---------------------------|---|---------------|---|--|
| Principal Place of Business 1421 S MIAMI AVE MIAMI FL 33129 US | | Mailing Address 1421 S MIAMI AVE MIAMI FL 33129 US | | 3. Date Incorporated or Qualified 09/16/1983 | 3a. Date of Last Report 06/21/1995 |
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number 59-2339140 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State 23 | | City & State 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip 24 33130 | Country 25 | Zip 28 33130 | Country 30 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|--|--|
| g. Name and Address of Current Registered Agent BEFELER, GEORGE ESQ. 150 W. FLAGLER ST., SUITE 2701 MIAMI FL 33130 | | | | 10. Name and Address of New Registered Agent | |
| | | | | B1 | Name |
| | | | | B2 | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | B3 | |
| | | | | B4 | City |
| | | | | FL | B5 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 *George Befeler, ESQ.* **George Befeler, ESQ.** **4-15-96**
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POMA, LUIS | 1.2 NAME | |
| STREET ADDRESS | 8282 NW 14TH ST. | 1.3 STREET ADDRESS | 1421 South Miami Avenue |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | Miami, FL 33130 |
| TITLE | DV <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIMAN, JOSE EDUARDO | 2.2 NAME | |
| STREET ADDRESS | 8282 NW 14TH ST. | 2.3 STREET ADDRESS | 1421 South Miami Avenue |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | Miami, FL 33130 |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TINOCO, JUAN ANTONIO | 3.2 NAME | |
| STREET ADDRESS | 8282 NW 14TH ST. | 3.3 STREET ADDRESS | 1421 South Miami Avenue |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | Miami, FL 33130 |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LIE-NIELSON, MAGDA | 4.2 NAME | |
| STREET ADDRESS | 8282 NW 14TH ST. | 4.3 STREET ADDRESS | 1421 South Miami Avenue |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | Miami, FL 33130 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEFELER, GEORGE | 5.2 NAME | |
| STREET ADDRESS | 8282 NW 14TH ST. | 5.3 STREET ADDRESS | 1421 South Miami Avenue |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | Miami, FL 33130 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Magda Lie-Nielsen* **Magda Lie-Nielsen, Treasurer** **4-15-96** **305-381-8860**
Signature and typed or printed name of signing officer or director Date Daytime Phone

CFR2E037 (12/95)