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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33130-4316 US
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3. Date Incorporated or Qualified 09/16/1983	3a. Date of Last Report 04/29/1996
4. FEI Number 59-2339140	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33130	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	PDRIA LUIS	
STREET ADDRESS	1421 S MIAMI AVEN	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/>
NAME	SIMAN, JOSE EDUARDO -	
STREET ADDRESS	1421 S MIAMI AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/>
NAME	-TINGO, JUAN ANTONIO.	
STREET ADDRESS	1421 S MIAMI AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/>
NAME	LIE-NIELSON, MAGDA	
STREET ADDRESS	1421 S MIAMI AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/>
NAME	BEFELER, GEORGE	
STREET ADDRESS	1421 S MIAMI AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Siman, Jose Eduardo		
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	DV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Poma, Ernesto		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Duenas, Sylvia		
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	TD	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Lie-Nielsen, Magda		
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: **Magda Lie-Nielsen** 3/17/97 (305) 381-8060

CR2E037 (9/96)