

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90255 005 ****61.25

DOCUMENT # N00000005986

1. Entity Name
THE FRANCISCO FOUNDATION, INC.



Principal Place of Business
2620 SW 115TH AVENUE
MIAMI, FL 33165

Mailing Address
2620 SW 115TH AVENUE
MIAMI, FL 33165

94075746



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-1066139

Applied For
Not Applicable

Zip - - - - - Country - - - - -

Zip - - - - - Country - - - - -

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUTO, JAVIER
2620 SW 115TH AVENUE
MIAMI, FL 33165

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SOUTO, JAVIER | |
| STREET ADDRESS | 2620 SW 115TH AVENUE | |
| CITY-ST-ZIP | MIAMI, FL 33165 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SALAS, OSCAR | |
| STREET ADDRESS | 6320 SW 92ND COURT | |
| CITY-ST-ZIP | MIAMI, FL 33173 | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MESSER, NILO | |
| STREET ADDRESS | 7810 SW 29TH TERRACE | |
| CITY-ST-ZIP | MIAMI, FL 33155 | |

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PERMUY, JESUS | |
| STREET ADDRESS | 335 FLUVIA | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VILLAMANAN, MANOLO | |
| STREET ADDRESS | 160 SOUTH HIBISCUS DRIVE | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33190 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other names empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAVIER SOUTO

4-28-04

Date

305-444-4054

Daytime Phone #