

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 31, 2009
Secretary of State**

DOCUMENT# N07000000858

Entity Name: FUNDACION FICOHSA USA, INC.

Current Principal Place of Business:

9600 NW 38TH STREET
SUITE 100
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

9600 NW 38TH STREET
SUITE 100
DORAL, FL 33178

New Mailing Address:

777 BRICKELL AVENUE
SUITE 1070
MIAMI, FL 33131

FEI Number: 26-0183450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VEATER, COLIN
41 SW 18TH TERRACE
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIANNINI, LEONEL
Address: 9600 NW 38TH STREET, SUITE 100
City-St-Zip: DORAL, FL 33178

Title: VP () Delete
Name: VEATER, COLIN
Address: 41 SW 18TH TERRACE
City-St-Zip: MIAMI, FL 33129

Title: T () Delete
Name: PIEDRAHITA, JOSE
Address: 251 CRANDON BLVD
City-St-Zip: KEY BISCAWAYNE, FL 33149

Title: SD () Delete
Name: VEATER, COLIN
Address: 41 SW 18TH TERRACE
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: ATALA, CAMILO F
Address: 9600 NW 38TH STREET, SUITE 100
City-St-Zip: DORAL, FL 33178

Title: D () Delete
Name: ATALA, JUAN CARLOS
Address: 9600 NW 38TH STREET, SUITE 100
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLIN VEATER

VP

03/31/2009

Electronic Signature of Signing Officer or Director

Date