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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003948

1. Corporation Name

THE WILLY CHIRINO FOUNDATION, INC.

90005 - 90036 - 13

Principal Place of Business

5101 COLLINS AVENUE
3-R
MIAMI FL 33140-2738
US

Mailing Address

5101 COLLINS AVENUE
3-R
MIAMI FL 33137
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/11/1994	
22 5956 W. 16 th Ave.		27 5956 W. 16 th Ave.		4. FEI Number	
23 Hialeah FL.		28 Hialeah FL.		65-0538140	
24 33012 25		29 33012 30		Applied For	
				Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
				Trust Fund Contribution ☐	

9. Name and Address of Current Registered Agent

WILLY, CHIRINO
4400 ISLAND RD.
BAY POINT
MIAMI FL 33137

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

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	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHIRINO, WILLY	1.2 NAME	
STREET ADDRESS	4400 ISLAND RD.-BAY POINT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, GERARDO	2.2 NAME	
STREET ADDRESS	7300 SW 84 PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BILBAO, ANGEL	3.2 NAME	
STREET ADDRESS	5640 NW 167 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALEAH FL 33014	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CAMPS, CARLOS	4.2 NAME	
STREET ADDRESS	7695 S.W. 133 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DE LA VEGA, VICENTE	5.2 NAME	
STREET ADDRESS	150 W. FLAGLER ST., SUITE 1450	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PARAUD, FELIPE	6.2 NAME	
STREET ADDRESS	5151 COLLINS AVE. MAIN	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered

SIGNATURE:

SIGNATURE REQUIRED

01/06/99 305 864-1011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR