FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

Suite, Apt. #, etc.

City & State

1996

Suite, Apt. #, etc.

City & State

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N9400005604 (3) DOCUMENT

Country

9. Name and Address of Current Registered Agent

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COMMITTEE FOR THE REBUILT OF NICARAGUA'S COYOTEP

E NATIONAL CAMP. ("R.C.N.C.") INC. Mailing Address Principal Place of Business 836 SW FIRST ST #101 836 SW FIRST ST #101 MIAMI FL 33130 MIAMI FL 33130 324-0807 2. Principal Place of Business 26

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			5.	Certificate of Status Desired		Fe	e Required		
	_		ı	Election Campaign Financing Trust Fund Contribution		Ad	.00 May Be ded to Fees		
Country 30			Į.	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No Yes No					
30				10. Name and Address of New Registered Agent					
	81	Name							
	82	Street Arkiress (P.O. Box Number is Not Acceptable)							
	B3								
	84	City			F	L 65	Zip Cade		
		and corpy	oration	submits this statement for the pu	rpose of c	hanging	its registered office		

3. Date Incorporated or Qualified

11/14/1994

4. FEI Number

650578014

3a. Date of Last Report

05/01/1995

Applied For

\$8.75 Additional

Not Applicable

	OROCHEN	A, ADRIAN E	82 Street Artic	82 Street Address (P.O. Box Number is Not Acceptable)				
	836 SW FI	RST ST #101	B3					
	MIAMI FL	33130	84 City	FL 65 Zip Code				
٠			G4 Oity	oration submits this statement for the purpose of changing its registered office pard of directors. I hereby accept the appointment as registered agent. I am				
		the sections of Sections 617.0502 and 617.1508, Florida Statutes, Michigan Statutes, Mich	above named corp	oration submits this statement for the purpose of the agent agent. I am said of directors, I hereby accept the appointment as registered agent. I am				
	 Pursuant to to or registered 	ne provisions of Section 617,0503, Florida Statutes.	Line Aportorio	04/10/06				
			1 THE	CATE 101 7-0				
	SIGNATURE	and or printed name of registered agent and the ill applicative	30	ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12				
_	12.	OFFICERS AND DIRECTORS	13.	Change Addition				
_	TITLE	DP DELETE	12 NAME					
	NAME	OROCHENA, ESPINOSA A	13 STREET ADDRESS	\				
١	STREET ADDRESS	836 SW FIRST ST #101	1 4 CITY - ST - ZIP	☐ Change ☐ Addition				
ļ	CITY-ST-ZIP	MIAMI FL 33135	2 1 TITLE	Citalite C1/00///				
ľ	TITLE	DSI	2.2 NAME					
١	NAME	LEIVA, PEDRO P	2 3 STREET ADDRESS					
١	STREE1 ADDRESS	2380 NW FLAGLER TER	2 4 CITY-ST-ZIP	Change Addition				
l	CITY-ST-ZIP	MIAMI FL 33125	3 1 TITLE					
l	TITLE	IGLESIAS, JORGE	3 2 NAME	A				
١	NAME	3350 SW 7TH ST	33 STREET ADDRESS					
Ì	STREET ADDRESS	MIAMI FL 33135	3.4 CITY-ST-ZIP	Change Addition				
	CITY-ST-ZIP TITLE	DELETE	4 1 TITLE					
	NAME	LOPEZ, VICTOR 1	4, 2 NAME					
	STREET ADDRESS	2019 SW 16TH ST	4.3 STREET ADDRESS					
	CITY-SI-ZIP	MIAMI FL 33145	44 CITY-ST-ZIP 51 TITLE	300018231265åge □ Addition -05/20/9601040043				
	TITLE	Defese	5.2 NAME	-02/20/9601040049				
	NAME:		5.3 STREET ADDRESS	***61.25				
	STREET ADDRESS		5 4 CITY - ST - ZIP	Change Addition				
	CITY-ST-ZIP	DELETE	61 TITLE	_ 1\ C				
	TITLE		6.2 NAME	J. 672				
	NAME		6.3 STREET ADDRESS					

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 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 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 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 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 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 under the constitution of the constitu STREET ADDRESS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

0042140