SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $300)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 9:56

DOCUMENT # **770271** **(5)**

1. Corporation Name
SALVADORAN-AMERICAN HEALTH FOUNDATION, INC.

Principal Place of Business *	Mailing Address
8282 NW 14TH STREET MIAMI FL 33126	8282 NW 14TH STREET MIAMI FL 33126

*Starting on July 1st, 1995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1983	3a. Date of Last Report: 06/13/1994
4. FEI Number: 59-2339140	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	FILING FEE IS $61.25
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 1421 South Miami Avenue	26 1421 South Miami Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FL	28 City & State: Miami, FL
24 Zip: 33129 / 25 Country: USA	29 Zip: 33129 / 30 Country: USA

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	POMA, LUIS	12 NAME		
STREET ADDRESS	8282 NW 14TH ST.	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	DV	21 TITLE		☒ Change ☐ Addition
NAME	~~PASCUAL, GABRIEL~~ Siman, Jose Eduardo	22 NAME		
STREET ADDRESS	8282 NW 14TH ST.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☒ Change ☐ Addition
NAME	~~NIELSEN-MAGDA LIE~~ Tinoco, Juan Antonio	32 NAME		
STREET ADDRESS	8282 NW 14TH ST.	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☒ Change ☐ Addition
NAME	~~RODRIGUEZ, RICARDO~~ Lie-Nielsen, Magda	42 NAME		
STREET ADDRESS	8282 NW 14TH ST.	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BEFELER, GEORGE	52 NAME		
STREET ADDRESS	8282 NW 14TH ST.	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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: Luis Poma, President — June 8, 1995 — (305)470-2206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007330