

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90168 014 \*\*\*\*70.00

**DOCUMENT # N93000001887**

1. Entity Name  
**THE ARELLANO FOUNDATION, INC.**



Principal Place of Business  
**200 S. BISCAYNE BLVD., 4100 FLOOR  
MIAMI, FL 33131**

Mailing Address  
**200 S. BISCAYNE BLVD., 4100 FLOOR  
MIAMI, FL 33131**

**50047537**



2. Principal Place of Business  
**100 SE 2nd Street  
34th Floor**

3. Mailing Address  
**100 SE 2nd Street  
34th Floor**

01052005 Chg-NP CR2E037 (10/03)

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number  
**65-0413902**

Applied For  
Not Applicable

Zip  
**33131-2158**

Country

Zip  
**33131-2158**

Country

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

**6. Name and Address of Current Registered Agent**

**CORPORATE INTERNATIONAL REGISTERED AGENTS  
200 S. BISCAYNE BLVD., 41 FLOOR  
MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name  
**BIPC CORPORATE REGISTERED AGENTS, INC.**

Street Address (P.O. Box Number is Not Acceptable)  
**100 SE 2nd Street  
34th Floor**

City  
**Miami** **FL** Zip Code  
**33131**

8. The above named entity submits this report on behalf of the corporation, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Guillermo J. Fernandez-Quincoces, Esquire*  
**Guillermo J. Fernandez-Quincoces, Esquire**

*4/27/05*  
**4/27/05**

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

(Note: Registered agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPS  
ARELLANO, JORGE R  
200 S. BISCAYNE BLVD., STE. 4100  
MIAMI, FL 33131** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FERNANDEZ-QUINCOCES, GUILLERMO J  
200 S. BISCAYNE BLVD., STE. 4100  
MIAMI, FL 33131** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ARELLANO, ANA LAURA  
605 OCEAN DRIVE APT 5M  
KEY BISCAYNE, FL 33149** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPS  
ARELLANO, JORGE R.  
100 SE 2nd Street, 34th Floor  
Miami, FL 33131** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FERNANDEZ-QUINCOCES, GUILLERMO J.  
100 SE 2nd Street, 34th Floor  
Miami, FL 33131-2158** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

*Guillermo J. Fernandez-Quincoces, Esquire*  
**Guillermo J. Fernandez-Quincoces, Esquire**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #