

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770271

**FILED**  
**Jan 10, 2022**  
**Secretary of State**  
**7876373835CC**

**Entity Name:** SALVADORAN AMERICAN HUMANITARIAN FOUNDATION, INC.

**Current Principal Place of Business:**

2050 CORAL WAY  
600  
MIAMI, FL 33145

**Current Mailing Address:**

2050 CORAL WAY  
600  
MIAMI, FL 33145 US

**FEI Number:** 59-2339140

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

REYES, CARLOS R  
2050 CORAL WAY  
SUITE 600  
MIAMI, FL 33145 US

*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:** CARLOS REYES

01/10/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name SIMAN, JOSE EDUARDO  
Address 9500 NW 108TH AVENUE  
City-State-Zip: MEDLEY FL 33178

Title VP  
Name POMA, ERNESTO  
Address 2121 SW 3RD AVE, 8TH FL  
City-State-Zip: MIAMI FL 33129

Title D  
Name AVILA, LEON R  
Address 8950 SW 74TH STREET  
SUITE 1407  
City-State-Zip: MIAMI FL 33156

Title SD  
Name LIE-NIELSEN, MAGDA  
Address 3845 PARK AVENUE  
City-State-Zip: COCONUT GROVE FL 33133

Title TRE  
Name FREUND, WILLIAM  
Address 10301 NW 7TH STREET  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name ARGUMEDO, GUILLERMO  
Address 801 BRICKELL AVE  
7TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name NAZARI, MARIA  
Address 99 BELBROOK WAY  
City-State-Zip: AHERTON CA 94027

Title DIRECTOR  
Name HENRIQUEZ, RAUL  
Address 777 BRICKELL AVE  
SUITE 1010  
City-State-Zip: MIAMI FL 33131

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** MAGDA LIE-NIELSEN

**SECRETARY**

01/10/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SCHWARTZ, DANIEL  
Address 1715 TIGERTAIL AVENUE  
City-State-Zip: MIAMI FL 33123

Title DIRECTOR  
Name YAFFAR, LIA  
Address 2001 MERIDIAN AVENUE  
APT. 507  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name BARAHONA, CARLOS DR.  
Address 8877 COLLINS AVENUE  
APT. 805  
City-State-Zip: SURFSIDE FL 33154

Title DIRECTOR  
Name LAINEZ, FRANCISCO  
Address 14000 CROSSLAND LANE  
City-State-Zip: GAITHERSBURG MD 20878

Title DIRECTOR  
Name VILLAFANE, JULIO  
Address 3220 SW 133RD AVENUE  
City-State-Zip: MIAMI FL 33175

Title DIRECTOR  
Name YAFFAR, ENRIQUE  
Address 5401 SW 74TH STREET  
City-State-Zip: CORAL GABLES FL 33143

Title DIRECTOR  
Name ZABLAH, CAMILA  
Address 151 CRANDON BOULEVARD  
APT. 530  
City-State-Zip: KEY BISCAYNE FL 33149