

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770271

Entity Name: SALVADORAN AMERICAN HUMANITARIAN FOUNDATION, INC.**FILED**
Jan 07, 2014
Secretary of State
CC7223835368**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:**BEFELER, GEORGE ESQ
1441 BRICKELL AVENUE
SUITE 1200
MIAMI, FL 33131 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:**_____
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	5901 SW 74TH STREET STE 302
City-State-Zip:	MIAMI FL 33143

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	EXEC
Name	REYES, CARLOS R
Address	2501 BRICKELL AVENUE, APT. 405
City-State-Zip:	MIAMI FL 33129

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

Title	DIRECTOR
Name	LUNA, SILVIA D
Address	415 SATURCE AVENUE
City-State-Zip:	CORAL GABLES FL 33146

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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: CARLOS REYES**EXECUTIVE DIRECTOR****01/07/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GADALA-MARIA, JACOBO
Address 801 BRICKELL AVE
16TH FLOOR
City-State-Zip: MIAMI FL 33131

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

Title DIRECTOR
Name MATHIES, ERNESTO
Address 126 EAST RIVO ALTO DRIVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name SAGARRA, JORGE
Address 1615 SOUTH MIAMI AVE
City-State-Zip: MIAMI FL 33129

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

Title DIRECTOR
Name SIMAN, PILARIN
Address 3624 RED ROAD
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name YAFFAR, LIA
Address 809 MARIANA AVENUE
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name GADALA-MARIA, ROBERTO
Address 701 BRICKELL AVE
9TH FLOOR
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name INTERIANO, ROBERTO
Address 365 CARIBBEAN ROAD
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name MELO, FERNANDO
Address 200 S BISCAYNE BLVD
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name SCHAPS, ROBERTO
Address 2871 OAK AVENUE
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR
Name SIMAN, MATILDE
Address 3828 RED ROAD
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name VILLAFANE, JULIO
Address 8200 NW 41 STREET
SUITE 400
City-State-Zip: MIAMI FL 33166

Title DIRECTOR
Name YAFFAR, ENRIQUE
Address 6915 RED ROAD
SUITE 223
City-State-Zip: CORAL GABLES FL 33143