

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770271

**Entity Name:** SALVADORAN AMERICAN HUMANITARIAN FOUNDATION, INC.**FILED**  
**Jan 27, 2015**  
**Secretary of State**  
**CC8270450287****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

**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: CARLOS R. REYES****EXECUTIVE DIRECTOR****01/27/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

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 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