Current Prin	cipal Place of Business:			
11343 NW 53RE	) LN			
DORAL, FL 33	178			
Current Mail	ling Address:			
11343 NW 53	3RD LN			
DORAL, FL				
,				
FEI Number: 80-0382161			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
CARIELLO, BEA	ATRIZ A			
11343 NW 53RE	) LN			
	) LN			
11343 NW 53RE DORAL, FL 331	D LN 178 US			
11343 NW 53RE DORAL, FL 331 The above named	D LN 178 US I entity submits this statement for the purpose of changing its regis	tered office or regist	ered agent, or both, in the State of Fi	orida.
11343 NW 53RE DORAL, FL 331 The above named	D LN 178 US	tered office or regist	ered agent, or both, in the State of Fi	orida. 01/18/2017
11343 NW 53RE DORAL, FL 331 The above named	D LN 178 US I entity submits this statement for the purpose of changing its regis	tered office or regist	ered agent, or both, in the State of Fi	
11343 NW 53RE DORAL, FL 331 The above named	D LN 178 US I entity submits this statement for the purpose of changing its regist E: <u>BEATRIZ A. CARIELLO</u> Electronic Signature of Registered Agent	tered office or regist	ered agent, or both, in the State of Fi	01/18/2017
11343 NW 53RE DORAL, FL 331 The above named SIGNATURE	D LN 178 US I entity submits this statement for the purpose of changing its regist E: <u>BEATRIZ A. CARIELLO</u> Electronic Signature of Registered Agent	tered office or regist	ered agent, or both, in the State of Fi	01/18/2017
11343 NW 53RE DORAL, FL 331 The above named SIGNATURE Officer/Direc	D LN 178 US I entity submits this statement for the purpose of changing its regist E BEATRIZ A. CARIELLO Electronic Signature of Registered Agent Ctor Detail :			01/18/2017
11343 NW 53RE DORAL, FL 331 The above named SIGNATURE Officer/Direc Title	DLN 178 US I entity submits this statement for the purpose of changing its regist E BEATRIZ A. CARIELLO Electronic Signature of Registered Agent Ctor Detail : P	Title	VP ARSLANIAN, ANETE L 2750 NE 183 RD STREET	01/18/2017
11343 NW 53RE DORAL, FL 331 The above named SIGNATURE Officer/Direc Title Name	DLN 178 US I entity submits this statement for the purpose of changing its regist E BEATRIZ A. CARIELLO Electronic Signature of Registered Agent Ctor Detail : P GONCALVES, LUIS PO BOX 281	Title Name	VP ARSLANIAN, ANETE L 2750 NE 183 RD STREET APT 202	01/18/2017

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: LUIS GONCALVES

01/18/2017

Electronic Signature of Signing Officer/Director Detail

## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0900002414

Entity Name: AMERICAN ORGANIZATION OF TEACHERS OF PORTUGUESE, INC.

## Current Principal Place of Business:

## (

FILED Jan 18, 2017 **Secretary of State** CC3052839490

Date