

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000001024

**Entity Name:** SERGE IBAKA FOUNDATION, INC.**Current Principal Place of Business:**258 SEAVIEW DRIVE  
KEY BISCAYNE, FL 33149**Current Mailing Address:**258 SEAVIEW DRIVE  
KEY BISCAYNE, FL 33149 US**FEI Number: 81-5215301****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SACHER, CHARLES P  
2655 LEJEUNE ROAD, STE 1101  
CORAL GABLES, FL 33134 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	PD
Name	IBAKA, SERGE J
Address	1450 BELFIORE WAY
City-State-Zip:	WINDERMERE FL 34786

Title	SD
Name	MIR, HECTOR J ESQ.
Address	815 PONCE DE LEON BLVD. 3RD FL
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	MILLER, ANDY
Address	233 SOUTH DEAN STREET
City-State-Zip:	ENGLEWOOD NJ 07631

Title	VPD
Name	ALFAGEME, MIGUEL
Address	258 SEAVIEW DRIVE
City-State-Zip:	KEY BISCAYNE FL 33149

Title	T
Name	GIL, VICTOR M
Address	747 3RD AVENUE, STE 34B
City-State-Zip:	NEW YORK NY 10017

Title	D
Name	AISA, JUAN
Address	258 SEAVIEW DRIVE
City-State-Zip:	KEY BISCAYNE FL 33149

*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: VICTOR GIL****TREASURER****02/11/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date