

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003233

Entity Name: OUTREACH AID TO THE AMERICAS, INC.**Current Principal Place of Business:**7495 NW 7 STREET
SUITE 1
MIAMI, FL 33126**Current Mailing Address:**P.O BOX 546135
MIAMI, FL 33154**FEI Number:** 65-0510432**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BABUN, TEO AJR.
9455 COLLINS AVE
UNIT 808
SURFSIDE, FL 33154 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 P/D
Name BABUN, TEO AJR.
Address P.O.BOX 546135
City-State-Zip: MIAMI FL 33154

Title VPD
Name ALLCORN, FRANK
Address P.O.BOX 546135
City-State-Zip: MIAMI FL 33154

Title VPD
Name THOMAS, DANIEL
Address P.O.BOX 546135
City-State-Zip: MIAMI FL 33154

Title D
Name WILLIAMS, PAUL DR.
Address P.O.BOX 546135
City-State-Zip: MIAMI FL 33154

Title D
Name GARCIA, JOSE M
Address P.O.BOX 546135
City-State-Zip: MIAMI FL 33154

Title DIRECTOR
Name SAINTERO, FRANCISCO
Address P.O. BOX 546135
City-State-Zip: MIAMI FL 33154

Title DIRECTOR
Name BANCROFT, ROLLIN
Address PO BOX 546135
City-State-Zip: MIAMI FL 33154

Title DIRECTOR
Name GOODMAN, SANDRA
Address P.O. BOX 546135
City-State-Zip: MIAMI FL 33154

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: TEO BABUN**PRESIDENT****01/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date