

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003233

Entity Name: OUTREACH AID TO THE AMERICAS, INC.**Current Principal Place of Business:**7400 NW 7 STREET
SUITE 101
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	RAMOS, MARCOS ADR
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	DE LAMO, CARLOS C.
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**CHAIRMAN****07/06/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date