

**2017 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	DIRECTOR
Name	GARCIA, LOURDES
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	BABUN, JOHN
Address	PO BOX 546135
City-State-Zip:	MIAMI FL 33154

Title	DIRECTOR
Name	SAINTERO, FRANCISCO
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**CEO****01/13/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date