

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000004122

**Entity Name:** IESA FOUNDATION INC.

**Current Principal Place of Business:**

220 ALHAMBRA CIRCLE, SUITE 400  
CORAL GABLES, FL 33134

**Current Mailing Address:**

220 ALHAMBRA CIRCLE, SUITE 400  
CORAL GABLES, FL 33134 US

**FEI Number:** 13-3651419

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PLATINUM AGENT SERVICES LLC  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 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 DP  
Name ROOSEN , GUSTAVO  
Address AV. IESA, EDIF. IESA TORRE SURE,  
PISO 3  
City-State-Zip: CARACAS 1010

Title DS  
Name GUINAND, MARIA ISABEL  
Address 2DA AV. CORTIJOS LOURDES,  
CENTRO EMPRESARIAL POLAR  
City-State-Zip: CARACAS 1071

Title D  
Name MACHADO K., OSCAR A.  
Address AV. VENEZUELA EDIF. TORRE  
AMERICA, PISO 11  
City-State-Zip: CARACAS 1050

Title D  
Name BRICENO F., FRANK  
Address CENTRO BANAVEN TORRE C, OF. 31-  
C, PISO 3  
City-State-Zip: CARACAS 1060

Title DIRECTOR  
Name MASSA, ANA CRISTINA  
Address TORRE MISTRAL, CALLE 3A DE LA  
URBINA  
City-State-Zip: CARACAS 1073

*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:** GUSTAVO A ROOSEN

**PRESIDENT**

**04/12/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date