FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 749073**

1. Corporation Name

INSTITUTO JACQUES MARITAIN DE CUBA, INC.

| Princi | pal F | Place | of Busin |
|--------|-------|--------|----------|
| 8250 | S.W. | 31\$T | ST., |
| | 1 61 | 224 EE | 2440 |

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

8250 S.W. 31ST ST... MIAM! FL 33155-2449

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90121 045 ****70.00

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Applied For

Not Applicable

3. Date incorporated or Qualifed

09/25/1979

65-1138103

FEI Number

| City & Stat | e | City & State | • | | | 5. Certifca | ate of Sta | tus Desire | ed 🚺 | K. | | Additional |
|----------------------|--|-----------------------------|--------------------|------------------|--|----------------|--------------|------------|---------------------|--------------|-----------------|-------------------|
| 3 | | 28 | | | | | | | ار ا | 5 | · | equired |
| Zip | Country | Zip | | puntry | | 6. Election | - | • | cing [| <u> </u> | | May Be |
| 4 | 25 | 29 | 30 | | | | und Cont | | - | - | | to Fees |
| | 9. Name and Address of Curren | t Registered Agent | | - | | 0. Name | and Add | ress of N | | | 7 | |
| | | | | 81 Nam | فەھىر "ا | ie J | IGN/ | Acid | $\circ~\mathcal{R}$ | A50 | 50 i | |
| MIAMI CO | DRPORATE SYSTEMS, INC. | | , | 82 Stre | et Address | (P.O. Box | | | | | | |
| | ST 12TH ST. | | , • | | <u> ይእ5</u> | <u>10 3</u> | <u>5. W</u> | • | <u>31 - 2</u> | 14. | <u> </u> | |
| SUITE 30 | | | | 83 | | | | | | * | | |
| | FL 33012 | | | 84 City | | - | | | | | 85 Zip | Code |
| | | • | | O- City | 799 1.50 | ımí | | • | : | FL | . ** ** | 3155 |
| 11. Pursuant | to the provisions of Sections 617.050 | 2 and 617.1508, Flo | rida Statutes, the | above-name | ed corporat | ion submit | ts this stat | ement fo | r the pu | pose of | changing its | registered |
| office or r | registered agent, or both, in the State im familiar with and accept the obliga | of Florida "Such cha | nge was authorizi | ed by the co | rporation's | board of d | Jirectors. I | nereby | accept tr | ie appoir | ntment as re | gistered |
| | | | 10000,710110000, | | | | | • | , | 02/2 | 199 <i>(3</i> 4 | |
| SIGNATURE | Signature, types or printed name of registered agen | nt and title if applicable. | (NOTE: Register | ed Agent signatu | re required whe | n reinstating) | | | | DATE | | |
| 12. | | ID DIRECTORS | 13 | 3. | | ADDITIO | ONS/CHA | NGES TO | OFFIC | ERS AN | ID DIRECTO | ORS IN 12 |
| TITLE | PD. | | DELETE 1.1 | TITLE | | | | | | | Change | Addition Addition |
| NAME . | RASCO, JOSE IGNACIO | | . 1.2 | NAME | | | | • | | | : | |
| STREET ADDRESS | 8250 SOUTHWEST 31ST ST. | | 1.3 | STREET ADDRE | ss | | • | | ,* ` | | , · | |
| CITY-ST-ZIP | MIAMI FL | • | 1.4 | CITY-ST-ZIP | | • | | | | • | • | , |
| TITLE | VPD | | | TITLE | | | | | | | Change | Additio |
| NAME | DE ARAGON, UVA | | 22 | NAME | | | | | | | | |
| STREET ADDRESS | 0000 0 W 0 OT | | | STREET ADORE | 22 | | | | | • | | |
| | MIAMI FL 33174 | | | CITY-ST-ZIP | ~ | | | | | | | |
| CITY-ST-ZIP TITLE | TD- | <u> </u> | | TITLE | | | | | ···· | - | Change | Additio |
| # C 4 | GUERRA, PEDRO L | 9.4 | a die Land | NAME | ` | | | - ' | - | | | - |
| NAME | 7860 S.W. 22 ST | | 10 | STREET ADDRE | 99 | | | | - | • | - | |
| STREET ADDRESS | IN CONTRACTOR OF THE CONTRACTO | | | | ~ | | | | | • | | |
| CITY-ST-ZIP | MIAMI FL 33155 | | | CITY-ST-ZIP | | | | · | | | ☐ Change | ☐ Additio |
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| CITY-ST-ZIP | *: | | | CITY-ST-ZIP | | | | | | | TT Chartie | - Addison |
| TITLE | | | DCEL1C | TITLE | | | | , | | | ☐ Change | Additio |
| NAME | 1 | | 1 | NAME | | | | | | | | |
| | | | 6.3 | STREET ADDRE | ss | | | | • | | | |
| STREET ADDRESS | | | • | | | | | | | | • | |

indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.