

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 827767 (5)

1. Corporation Name

IAPA TECHNICAL CENTER, INC.
TRUSS INSTITUTE

Principal Place of Business

2911 N W 39TH STREET
MIAMI FL 33142

Mailing Address

2911 N W 39TH STREET
MIAMI FL 33142

3. Date Incorporated or Qualified
04/11/1972

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

13-1963541

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUNOZ, JULIO E
2911 N.W. 39TH STREET
MIAMI FL 33142

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FASCETTO, JORGE F.
STREET ADDRESS JARAMILLO Eстрада
CITY-ST-ZIP AVELLANEDA PCIA, BS A

TITLE S
NAME ALTAMIRANO, ENRIQUE
STREET ADDRESS 11 CALLE ORIENTE, 271
CITY-ST-ZIP SAN SALVADOR, EL SALVADOR

TITLE V
NAME CASTANEDA, CARLOS
STREET ADDRESS CARRETERA 165
CITY-ST-ZIP SAN JUAN PR

TITLE Y
NAME SIROTSKY, JAYME
STREET ADDRESS AV. IPIRANGA, 1075
CITY-ST-ZIP PORTO ALEGRE, RS, BRASIL 90169

TITLE C
NAME LUIS FERNANDO SANTOS
STREET ADDRESS AV EL DORADO NO 59-70
CITY-ST-ZIP BOGOTA, COLOMBIA

TITLE D
NAME MUNOZ, JULIO E
STREET ADDRESS 7360 MONTGOMERY DR
CITY-ST-ZIP MIAMI FL.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information 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.

SIGNATURE:

JULIO E. MUNOZ

04.19.96

(305) 634-2465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)