

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90213 001 ****61.25
03-17-2008 90213 002 *****8.75
03-17-2008 90213 003 *****5.00

DOCUMENT # N02000006894

1. Entity Name
SEVERO SARDUY CULTUAL FOUNDATION, CORP.



Principal Place of Business
**811 S.W. 40TH AVE
MIAMI, FL 33134**

Mailing Address
**P.O. BOX 141791
CORAL GABLES, FL 33114**

66004130



03042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2072068

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SARDUY, MERCEDES
809 S.W. 40TH AVE.
MIAMI, FL 33134**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☒

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SARDUY, MERCEDES I**
STREET ADDRESS **811 S.W. 40TH AVE**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE **VT**
NAME **BETANCOURT, PEDRO D**
STREET ADDRESS **811 S.W. 40TH AVE**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE **S**
NAME **BETANCOURT, MAITREYA**
STREET ADDRESS **811 S.W. 40TH AVE**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE **D**
NAME **BETANCOURT, PEDRO**
STREET ADDRESS **811 S.W. 40TH AVE**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-05-08

Date

(305) 442 8188

Daytime Phone #