

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90012 042 *****75.00

DOCUMENT # N03000004307

1. Entity Name

ECUADORIAN FOUNDATION OF ART AND CULTURE & PANAMERICAN GROUP, INC.



Principal Place of Business

905 SW 1ST., APT. #510
MIAMI FL 33130

Mailing Address

905 SW 1ST., APT. #510
MIAMI FL 33130

2. Principal Place of Business

3. Mailing Address

P.O. BOX 14-3427

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CORAL GABLES FLA.

Zip

Country

Zip

33114-3427

Country

4. FEI Number

74-3087940

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

MOORE

CR2E037 (4/04)



6. Name and Address of Current Registered Agent

BOZANO, ELBA
905 SW 1ST., APT. #510
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Elba Bozano

(NOTE: Registered Agent signature required when reinstating)

DATE

09-02-04

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOZANO, ELBA ☐ Delete
STREET ADDRESS 905 SW 1ST., APT. #510
CITY-ST-ZIP MIAMI FL 33130

TITLE VD
NAME VALLAZA, YOLANDA ☐ Delete
STREET ADDRESS 8600 SW 133 AVE., APT. #RD
CITY-ST-ZIP MIAMI FL 33183

TITLE S ☒ Delete
NAME VALLE SORAIRE, TERESA D
STREET ADDRESS 905 SW 1ST., APT. #510
CITY-ST-ZIP MIAMI FL 33130

TITLE T ☐ Delete
NAME ESCANDELL, BIANCA
STREET ADDRESS 905 SW 1ST., APT. #510
CITY-ST-ZIP MIAMI FL 33130

TITLE D ☐ Delete
NAME DE LA TORRE, ANTONIO
STREET ADDRESS 11545 SW 117 AVE.
CITY-ST-ZIP MIAMI FL 33186

TITLE D ☒ Delete
NAME ALVAREZ, EDDIE
STREET ADDRESS 8137 SW 24TH ST.
CITY-ST-ZIP DAVIE FL 33324

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☐ Addition
NAME EMILIA CEVALLOS
STREET ADDRESS 1530 CERTOSA AVE
CITY-ST-ZIP CORAL GABLES

TITLE S ☐ Change ☐ Addition
NAME S. DUEÑAS OLGA
STREET ADDRESS 8309 N.W. 74 STREET
CITY-ST-ZIP TAMARAC, FLA 33321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition
NAME DEL VALLE SORAIRE TERESITA
STREET ADDRESS 8862 W FLAGLER ST UNIT # 13
CITY-ST-ZIP MIAMI FLA 33174

TITLE D ☐ Change ☐ Addition
NAME ELENA MOSQUERA
STREET ADDRESS 11431 S.W. 72 TERR
CITY-ST-ZIP MIAMI FLA 33173

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Elba Bozano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305)324-7663