2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED Mar 28, 2006 8:00 am Secretary of State

DOCUMENT # N03000005999 03-28-2006 90113 030 ****61.25 1. Entity Name MUSEUM OF THE AMERICAS, INC. Principal Place of Business Mailing Address 400dana 2500 N.W. 79TH AVE. #104 2500 N.W. 79TH AVE. #104 DORAL, FL 33122 DORAL, FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 03192006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 20-1204594 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OYUELA, RAUL DR Street Address (P.O. Box Number is Not Acceptable) 2500 NW 7974 AVE #104 825 SW 8TH CT MIAMI, FL 33130 City DORAL 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 SIGNATURE ed agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Detete YAYA, ALEXANDER NAME NAME 2500 NW 79 TH AVE \$104 STREET ADDRESS STREET ADDRESS 101 NW 85TH PLACE DORAL, FL 33122 CITY-ST-ZIP MIAMI, FL 33135 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition FRANCISCO H.ALEJO 2500 NW 79 TH ANE HIOY DORAL FL 33122 **GALLEGOS, VICTOR** STREET ADDRESS **5040 NW 7 STREET** STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP Delete Change Addition TITLE MYRIAM DE LA RIVA RODRIGUEZ, ALEXANDER NAME NAME 2500 NW 79 TH AVE # 104 2204 SW 8 ST STREET ADORESS STREET ADDRESS DORAL, FL 33122 CITY-ST-7P MIAMI, FL 33125 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-7P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 peport 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 trusted 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 anyaddress, with all other like empowered.

SIGNATURE:

ROUL M. DYVELA SIGNATURE AND TYPED OR P