

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

**FILED**  
**Apr 10, 2008 08:00 A.**  
**Secretary of State**

**DOCUMENT # N03000005999**

1. Entity Name

**MUSEUM OF THE AMERICAS, INC.**



Principal Place of Business

**2500 N.W. 79TH AVE. #104  
DORAL, FL 33122**

Mailing Address

**2500 N.W. 79TH AVE. #104  
DORAL, FL 33122**



04052008 No Chg-NP

CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-1204594**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**OYUELA, RAUL DR  
2500 NW 79TH AVE. #104  
DORAL, FL 33122**

**DO NOT WRITE  
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 reissuing)

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	YAYA, ALEXANDER
STREET ADDRESS	2500 NW 79TH AVE #104
CITY-ST-ZIP	DORAL, FL 33122
TITLE	VP
NAME	HIPOLITO ALEJO, FRANCISCO
STREET ADDRESS	2500 NW 79TH AVE #104
CITY-ST-ZIP	DORAL, FL 33122
TITLE	D
NAME	DE LA RIVA, MYRIAM
STREET ADDRESS	2500 NW 79TH AVE. #104
CITY-ST-ZIP	DORAL, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

Date

Daytime Phone #

*Raul M. Oyuela* **RAUL M. OYUELA, DIRECTOR** 4/7/08 305.599.8089