

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005999

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** MUSEUM OF THE AMERICAS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

2500 NW 79TH AVE.  
#104  
DORAL, FL 33122

**New Mailing Address:**

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

**FEI Number:** 20-1204594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HIPOLITO ALEJO, FRANCISCO  
**Address:** 2500 NW 79TH AVE #104  
**City-St-Zip:** DORAL, FL 33122

**Title:** VP  
**Name:** DE LA RIVA, MYRIAM  
**Address:** 2500 NW 79TH AVE #104  
**City-St-Zip:** DORAL, FL 33122

**Title:** D  
**Name:** RIVARD, DION  
**Address:** 2500 NW 79TH AVE. #104  
**City-St-Zip:** DORAL, FL 33122

**Title:** D  
**Name:** MORELL, MIQUEL  
**Address:** 2500 NW 79TH AVE. #104  
**City-St-Zip:** DORAL, FL 33122

**Title:** D  
**Name:** MARANA, CARLOS  
**Address:** 2500 NW 79TH AVE. #104  
**City-St-Zip:** DORAL, FL 33122

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** FHA

P

04/23/2012

Electronic Signature of Signing Officer or Director

Date