

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

08-18-2006 90077 043 *****70.00
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DOCUMENT # N05000012234

1. Entity Name

BIENAL AMERICA, INC.



FILED

06 SEP 21 AM 11:31

Principal Place of Business

SCHOOL OF ARCHITECTURE
FLORIDA INTERNATIONAL UNIVERSITY
MIAMI FL 33199

Mailing Address

SCHOOL OF ARCHITECTURE
FLORIDA INTERNATIONAL UNIVERSITY
MIAMI FL 33199

SECRETARY OF STATE
ALLAH



2. Principal Place of Business

AIA-MIAMI

3. Mailing Address

Suite, Apt. #, etc.

275 UNIVERSITY DRIVE

Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/06)

City & State

CORAL GABLES, FL

City & State

4. FEI Number

65-1194278

Applied For

Not Applicable

Zip

FL 33134

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCELO M. AGUDO, P.A.
2333 PONCE DE LEON BLVD. PH
SUITE 1120
CORAL GABLES FL 33134

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 re-

SIGNATURE

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

Signature of Registered Agent required when re-registering

7-31-06

DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

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 P
NAME CANAVES, JAIME
STREET ADDRESS SCHOOL OF ARCHITECTURE FLA. INT'L UNIVERSI
CITY - ST - ZIP MIAMI FL 33199

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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CITY - ST - ZIP

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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 I/O empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIME CANAVES, PRES - 7-31-06 305-348-3031

Date

Daytime Phone