2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 06, 2007
Secretary of State

DOCUMENT# N06000005884

Entity Name: BOLIVIAN AMERICAN FOUNDATION INCORPORATED

Current Principal Place of Business:

19500 WEST SAINT ANDREWS DRIVE
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

19500 WEST SAINT ANDREWS DRIVE
MIAMI, FL 33015

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GUTIERREZ, HERLAND F
19500 WEST SAINT ANDREWS DRIVE
MIAMI, FL 33015 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: HERLAND F. GUTIERREZ
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GUTIERREZ, HERLAND F
Address: 19500 WEST SAINT ANDREWS DRIVE
City-St-Zip: MIAMI, FL 33015

Title: VP ( ) Delete
Name: PORCEL, ANDREA
Address: 19500 WEST SAINT ANDREWS DRIVE
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: CUELLAR, HUGO DR
Address: 19500 WEST SAINT ANDREWS DRIVE
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: GUTIERREZ, VERONICA
Address: 19500 WEST SAINT ANDREWS DRIVE
City-St-Zip: MIAMI, FL 33015

Title: D (X) Delete
Name: ETZEL, MAUREEN
Address: 19500 WEST SAINT ANDREWS DRIVE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HERLAND F. GUITERREZ P 12/06/2007
Electronic Signature of Signing Officer or Director — Date