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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12785** (4)

1. Corporation Name

ASSOCIATION OF NICARAGUAN ENGINEERS AND ARCHITECTS (ANIA), INC.

Principal Place of Business

Mailing Address

P.O. BOX 65-1411
MIAMI FL 33265-1411

P.O. BOX 65-1411
MIAMI FL 33265-1411

3. Date Incorporated or Qualified

12/26/1985

4. FEI Number

65-0069467

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALDANA, CARLOS A
%REGISTERED AGENT SERVICES CO
6819 SW 105TH COURT
MIAMI FL 33173**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CORDOBA, RAFAEL	
STREET ADDRESS	5461 SW 144 AVE	
CITY-ST-ZIP	MIAMI FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MENDIETA, CONSTATNTINO	
STREET ADDRESS	6231 SW 127 CT	
CITY-ST-ZIP	MIAMI FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ZUNIGA, RAFAEL	
STREET ADDRESS	11502 SW 81 ST RD	
CITY-ST-ZIP	MIAMI FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	AMBROGI, OCTAVIO	
STREET ADDRESS	5357 W 24 CT	
CITY-ST-ZIP	HALEAH FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORDOBA, FRANCIS	
STREET ADDRESS	5461 SW 144 AVE	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SONG, DENIS	
STREET ADDRESS	5502 NW 172 TERR	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALVARO TELLEZ	
1.3 STREET ADDRESS	12228 S.W. 17th Lane # 102	
1.4 CITY-ST-ZIP	MIAMI, FL 33175	

2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CARLOS CUBAS	
2.3 STREET ADDRESS	4528 S.W. 143 PLEAST	
2.4 CITY-ST-ZIP	MIAMI, FL 33175-6825	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	OSCAR ICA BALCOTA	
3.3 STREET ADDRESS	9010 S.W. 102 CT	
3.4 CITY-ST-ZIP	MIAMI, FL 33176	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NOTARIAL CERTIFICATE REQUIRED

[Signature]

4/28/98

CR2E037 (10/97)