FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18152 (1)

1. Corporation Name

FEDERATION OF ARTS AND CULTURE IN AMERICA, INC.

Principal Place of Business	Mailing Address
900 S.W. 1ST STREET 306-A MIAMI FL 33130 US	P.O. BOX 112658 HIALEAH FL 33011-2658 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1986
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2829251 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 900 S.W 1st Ave	2a. Mailing Address 26 900 S.W 1st St
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 306-A
City & State 23	City & State 28 Miami FL.
Zip / Country 24 / 25	Zip / Country 29 33130 / 30 U.S.A.

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GUIERREZ, HOMERO 6272 W 15 COURT HIALEAH FL 33012	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDM	11 TITLE	☐ Change ☐ Addition
NAME	GUTIERREZ, HOMERO	12 NAME	
STREET ADDRESS	6272 W 15 COURT	13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	
TITLE	SCM	21 TITLE	☐ Change ☐ Addition
NAME	GUTIERREZ, ESTHER	22 NAME	
STREET ADDRESS	6272 W 15 COURT	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	VALLADARES, ELSA	32 NAME	
STREET ADDRESS	7891 SW TH TERR.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	DELAFFAILLE, ESTRELLA	42 NAME	
STREET ADDRESS	7509 W 30 COURT	43 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	BRAVO, RAYMOND	52 NAME	
STREET ADDRESS	4500 W 19 COURT #4330	53 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	LASTRE, GUILLERMO	62 NAME	
STREET ADDRESS	279 W 18 ST.	63 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: H Gutierrez (Homero Gutiérrez 4/17/95 (305)362-3176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

097498