

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2004  
Secretary of State**

DOCUMENT# N23731

Entity Name: NICARAGUAN-AMERICAN TEACHERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11521 S.W. 4TH STREET  
MIAMI, FL 33174

**New Principal Place of Business:**

**Current Mailing Address:**

11521 S.W. 4TH STREET  
MIAMI, FL 33174

**New Mailing Address:**

FEI Number: 65-0053588      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HERNANDEZ, EMILIO A.  
11521 S.W. 4TH STREET  
MIAMI, FL 33174

**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      ( ) Delete  
Name: HERNANDEZ, EMILIO A.,  
Address: 11521 SW 4TH ST  
City-St-Zip: MIAMI, FL 33174 US

Title: D      ( ) Delete  
Name: PEREZ, FELIX O.,  
Address: 8277 NW 7TH ST  
City-St-Zip: MIAMI, FL

Title: T      ( ) Delete  
Name: SOBALVARRO, EMILIO,  
Address: 2525 SW 29TH AVE.  
City-St-Zip: MIAMI, FL

Title: D      ( ) Delete  
Name: BUITRAGO, PEDRO,  
Address: 15385 SW 57 ST  
City-St-Zip: MIAMI, FL

Title: D      ( ) Delete  
Name: DUARTE, ESPERANZA,  
Address: 550 SW 115 AVE. A-2  
City-St-Zip: MIAMI, FL

Title: D      ( ) Delete  
Name: ROBLES, HELIA MARIA,  
Address: 2525 SW 29TH AVE.  
City-St-Zip: MIAMI, FL

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EMILIO A. HERNANDEZ

P

04/26/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date