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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 PM 12:37

DOCUMENT # **N26481** **(4)**

1. Corporation Name
WOMEN FOR HUMAN RIGHTS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
7350 SW 72 AVE 151 CRANDON BLVD., APT. 440 MIAMI FL 33143 US	7350 SW 72 AVE MIAMI FL 33143 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1988
3a. Date of Last Report: 04/21/1994
4. FEI Number: 65-0056156 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 Delete: 151 Crandon Blvd
22 Suite, Apt. #, etc. apt 440 (court is o.k.)
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 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. 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

PRADO, MARIVI
7350 SW 72 AVE
MIAMI FL 33143

10. Name and Address of New Registered Agent

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	D	1.1 TITLE		☒ Change ☒ Addition
NAME	PRADO, MARIVI	1.2 NAME		
STREET ADDRESS	7250 SW 72 AVE	1.3 STREET ADDRESS	7350 SW 72 Ave	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	33143	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	LIWAY, ALICIA	2.2 NAME		
STREET ADDRESS	TERRAZAS DEL CLUB HIPICO	2.3 STREET ADDRESS		
CITY-ST-ZIP	CARACAS, VENEZUELA	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SANCHEZ, LUISA ELENA	3.2 NAME		
STREET ADDRESS	EDIFICIO PREMIER, #33B	3.3 STREET ADDRESS		
CITY-ST-ZIP	CARACAS, VENEZUELA	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Maria Victoria Prado 5/18/95 (305) 381 7790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042600