

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).


FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90009 029 *****8.75

09-17-1999 90009 030 *****61.25

616814-90009-15 4 *



NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26481

1. Corporation Name

WOMEN FOR HUMAN RIGHTS INTERNATIONAL, INC.

Principal Place of Business

1390 BRICKELL AVENUE
#230
MIAMI FL 33131
US

Mailing Address

7350 SW 72 AVE
MIAMI FL 33143
US

2. Principal Place of Business

21 1550 Midway, Ste 200

Suite, Apt. #, etc.

22 #200

City & State

23 Coral Gables, FL

Zip

24 33144

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

05/17/1988

4. FEI Number

65-0056156

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRADO, MARIVI
7350 SW 72 AVE
MIAMI FL 33143

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 ☐ DELETE

NAME PRADO, MARIVI
STREET ADDRESS 7350 SW 72ND AVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME LIWAY, ALICIA
STREET ADDRESS TERRAZAS DEL CLUB HIPICO
CITY-ST-ZIP CARACAS, VENEZUELA

TITLE ☐ DELETE

NAME RODRIGUEZ, MARIA ANTONIA
STREET ADDRESS 2760 S.W. 92 PLACE
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

Marivi Prado **REQUIRED MARIVI PRADO**

Date

Daytime Phone #

9/9/99 (305) 662-7117

CR2E037 (5/99)