

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N38920 (7)**

1. Corporation Name

**INSTITUTO GNOTISTICO DE ANTROPOLOGIA, INC.**



Principal Place of Business

Mailing Address

7911 N.W. 72ND AVE.  
SUITE 216B  
MEDLEY FL 33166  
US

7911 N.W. 72ND AVE.  
SUITE 216B  
MEDLEY FL 33166  
US

2. Principal Place of Business

2a. Mailing Address

21 7911 NW 72 AVE

26 7911 NW 72 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 216 B

27 216 B

City & State

City & State

23 Medley FL

28 Medley FL

Zip

Country

Zip

Country

24 33166

25 USA

29 33166

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/29/1990

3a. Date of Last Report

04/28/1995

4. FEI Number

65-0250840

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

GUERRERO, FEDERICO  
7911 NW 72ND AVE  
STE 216B  
MEDLEY FL 33166

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, printed 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 D ☐ DELETE  
NAME GUERRERO, FEDERICO  
STREET ADDRESS 7911 N.W. 72ND AVE. STE. 216B  
CITY-ST-ZIP MEDLEY FL 33166

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME TABARES, OLGA  
STREET ADDRESS 311-4TH ST.  
CITY-ST-ZIP FAIRVIEW NJ 07022

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME PERDOMO, RAFAEL  
STREET ADDRESS 7911 N.W. 72ND AVE. STE. 216B  
CITY-ST-ZIP MEDLEY FL 33166

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

(305) 995-1303

Date

Daytime Phone #

CR2E037 (12/95)