

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAR -8 PM 3: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42992 (0)

1. Corporation Name

THE COMMITTEE TO RECOVER CONFISCATED AMERICAN PROPERTIES IN NICARAGUA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 524392 N/A
MIAMI FL 33152
US

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MIAMI FL 33152
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1991

3a. Date of Last Report

03/07/1994

4. FBI Number

65-0398842

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SENGELMANN, PETER R
7418 S.W. 105 PLACE
MIAMI FL 33173

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

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	DP
NAME	CUTHBERTSON, BRUCE
STREET ADDRESS	1451 S. MIAMI AVE.
CITY- ST- ZIP	MIAMI FL
TITLE	DT
NAME	KETTLE, CHARLES W.
STREET ADDRESS	701 N.W. 105 PL
CITY- ST- ZIP	MIAMI FL
TITLE	DS
NAME	SENGELMANN, PETER
STREET ADDRESS	9334 SW 212 TERRACE
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	TERAN, NESTOR
STREET ADDRESS	8144 S.W. 82 PLACE
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	JONES, FLOYD
STREET ADDRESS	615 SANTURCE AVE.
CITY- ST- ZIP	CORAL GABLES FL
TITLE	D
NAME	LEANDRO, MARIN
STREET ADDRESS	10500 S.W. 73 TERRACE
CITY- ST- ZIP	MIAMI FL 33173

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER SENNELMANN

3/3/95

305-591-3177

Date

Daytime Phone #