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

3. Date Incorporated or Qualified: 04/16/1991
3a. Date of Last Report: 03/08/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI 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

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

9. **Name and Address of Current Registered Agent**

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

10. **Name and Address of New Registered Agent**

81 Name: SENGELMANN, PETER R.
82 Street Address (P.O. Box Number is Not Acceptable): 9334 SW 212 TERR.
83
84 City: MIAMI FL 85 Zip Code: 33189

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	DP	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	CUTHBERTSON, BRUCE		12 NAME		
STREET ADDRESS	1451 S. MIAMI AVE.		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	KETTLE, CHARLES W.		22 NAME		
STREET ADDRESS	701 N.W. 105 PL		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	SENGELMANN, PETER		32 NAME		
STREET ADDRESS	9334 SW 212 TERRACE		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	TERAN, NESTOR		42 NAME		
STREET ADDRESS	8144 S.W. 82 PLACE		43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	JONES, FLOYD		52 NAME		
STREET ADDRESS	615 SANTURCE AVE.		53 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		54 CITY-ST-ZIP		
TITLE	D	☒ DELETE	61 TITLE	D	☐ Change ☒ Addition
NAME	LEANDRO, MARIN		62 NAME	LEON A. DEBAYLE	
STREET ADDRESS	10509 S.W. 73 TERRACE		63 STREET ADDRESS	13129 S.W. 95 AVE	
CITY-ST-ZIP	MIAMI FL 33173		64 CITY-ST-ZIP	MIAMI, FL 33176	

CR2E037 (12/95)

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: _____ 2/2/96 305-591-3177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #