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

Mailing Address
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 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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**

B1 Name: SENGELMANN, PETER R.
B2 Street Address (P.O. Box Number is Not Acceptable): 9334 SW 212 TERR.
B3
B4 City: MIAMI FL — B5 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 | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | CUTHBERTSON, BRUCE | 1.2 NAME | |
| STREET ADDRESS | 1451 S. MIAMI AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | DT ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | KETTLE, CHARLES W. | 2.2 NAME | |
| STREET ADDRESS | 701 N.W. 105 PL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | DS ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | SENGELMANN, PETER | 3.2 NAME | |
| STREET ADDRESS | 9334 SW 212 TERRACE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | D ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | TERAN, NESTOR | 4.2 NAME | |
| STREET ADDRESS | 8144 S.W. 82 PLACE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | D ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | JONES, FLOYD | 5.2 NAME | |
| STREET ADDRESS | 615 SANTURCE AVE. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 5.4 CITY-ST-ZIP | |
| TITLE | D ☒ DELETE | 6.1 TITLE | D ☐ Change ☒ Addition |
| NAME | LEANDRO, MARIN | 6.2 NAME | LEON A. DEBAYLE |
| STREET ADDRESS | 10509 S.W. 73 TERRACE | 6.3 STREET ADDRESS | 13129 S.W. 95 AVE |
| CITY-ST-ZIP | MIAMI FL 33173 | 6.4 CITY-ST-ZIP | MIAMI, FL 33176 |

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 #

CR2E037 (12/95)