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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N43948**

1. Corporation Name

THE AMERICAS FOUNDATION, INC.

Principal Place of Business

1500 BAY ROAD, SUITE L-15
 MIAMI BEACH FL 33139

Mailing Address

1500 BAY ROAD, SUITE L-15
 MIAMI BEACH FL 33139



2. Principal Place of Business

21 **8245 North Bayshore Drive**

2a. Mailing Address

26 **8245 North Bayshore Drive**

3. Date Incorporated or Qualified

06/20/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0348742

Applied For

Not Applicable

City & State

23 **Miami, FL 3313**

City & State

28 **Miami, FL**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

3313

Country

USA

Zip

3313

Country

USA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PINZON, VICTOR M
1500 BAY ROAD, SUITE L-15
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name **PINZON, VICTOR M.**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **8245 North Bayshore Drive**
 84 City **Miami** FL 85 Zip Code **3313**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PINZON, VICTOR M	
STREET ADDRESS	1500 BAY ROAD, SUITE L-15	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARCELO, LOUIS	
STREET ADDRESS	1500 BAY ROAD, SUITE L-15	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEAR, NORMAN	
STREET ADDRESS	18 & F STREET, NW B104	
CITY-ST-ZIP	WASHINGTON DC 20405	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PINZON, VICTOR M	
1.3 STREET ADDRESS	8245 North Bayshore Drive	
1.4 CITY-ST-ZIP	Miami, FL 3313	
2.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARCELO, LOUIS	
2.3 STREET ADDRESS	8245 North Bayshore Drive	
2.4 CITY-ST-ZIP	Miami FL 3313	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WEAR, NORMAN	
3.3 STREET ADDRESS	1115 Massachusetts Ave, NW	
3.4 CITY-ST-ZIP	Washington, DC 20005	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of 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:

SIGNATURE REQUIRED

2/25/99

305-672-6472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)