

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JAN -7 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N43948*  
1. Entity Name  
*AMERICAS Global Foundation, Inc.*  
*(formerly The Americas Foundation, Inc)*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*930 M Street NW*  
Suite, Apt. #, etc.  
*609*  
City & State  
*Washington DC*  
Zip  
*20001*  
Country  
*LISA*

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
*L*  
Zip  
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
*65 031 8712*  
Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
*ANNE B. FREEDMAN*  
Street Address (P.O. Box Number is Not Acceptable)  
*1541 Sunset Drive # 201*  
City  
*Coral Gables* FL Zip Code  
*33143*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  
SIGNATURE *Anne B. Freedman* DATE *12/30/02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD Victor Pinzon 930 M Street, NW # 609 Washington, DC 20001</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>300010136293 01/15/03--01083--005 **61.25</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Luis Barcelo 930 M Street NW #609 Washington, DC 20001</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Norman Wear 930 M Street NW #609 Washington, DC 20001</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD Edward Weil Reyes 930 M Street NW #609 Washington, DC 20001</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SP ANNE Freedman 1541 Sunset Drive, Suite 201 Coral Gables, FL 33143</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anne B. Freedman* *Dec. 30, 2002* 2023719696

CR2E037B (12/01)