FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45435 (7)

1. Corporation Name
THE FLORIDA MUSEUM OF HISPANIC AND LATIN AMERICA N ART, INC.

Principal Place of Business	Mailing Address
~~101 NE 40TH ST~~ ~~4TH FLOOR~~ ~~MIAMI FL 33137~~ ~~US~~	~~401 NE 40TH ST~~ ~~4TH FLOOR~~ ~~MIAMI FL 33137~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1991
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0294981 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 1 NE 40 TH ST	2a. Mailing Address 26 1 NE 40 TH ST
Suite, Apt. #, etc. 22 STE. #6	Suite, Apt. #, etc. 27 STE. #6
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33137 Country 25 USA	Zip 29 33137 Country 30 USA

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

9. Name and Address of Current Registered Agent

OYUELA, RAUL M
~~101 N.E. 40TH STREET~~
~~4TH FLOOR~~
MIAMI FL 33137

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable) 1 NE 40 TH ST
63 STE. #6
64 City MIAMI FL 65 Zip Code 33137

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 R. RAUL M. OYUELA 4-15-95
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	1.1 TITLE	☐ Change ☐ Addition
NAME	OYUELA, RAUL M.	1.2 NAME	
STREET ADDRESS	915 NW 1 AVE #H-1308	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	33136
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ALEJO, TERESA HIPOLITO	2.2 NAME	
STREET ADDRESS	915 NW 1 AVE #H-1308	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	33136
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	FISCHER, ADAM D	3.2 NAME	
STREET ADDRESS	5757 COLLINS AVE #407	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	33140
TITLE	D	4.1 TITLE	☐ Change ☒ Addition
NAME	VELEZ-DIAZ, BENNIE	4.2 NAME	D LAINZ CARLOS
STREET ADDRESS	1954 SW 23RD ST Resigned	4.3 STREET ADDRESS	13996 SW 40TH AVE #BB-109
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FL 33176
TITLE	D	5.1 TITLE	☐ Change ☒ Addition
NAME	ANDRADE, NORA J	5.2 NAME	D POWER, WILLIAM
STREET ADDRESS	10854 N KENDALL DR Resigned	5.3 STREET ADDRESS	9623 SW 74TH ST
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL 33173
TITLE	D RUI SANCHEZ	6.1 TITLE	☐ Change ☒ Addition
NAME	~~GUILLOT-AUBANCHEZ~~, MILDREY Resigned	6.2 NAME	D VILCHEZ, EDUARDO C.
STREET ADDRESS	11465 SW 104ST TER	6.3 STREET ADDRESS	10043 NW 4TH LN
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI FL 33172

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: R. RAUL M. OYUELA 4-15-95 (305) 576-5171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0007000