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 # N45435 (7)

1. Corporation Name

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

Principal Place of Business	Mailing Address
1 N.E. 40TH ST STE. 6 MIAMI FL 33137 US	1 N.E. 40TH ST STE. 6 MIAMI FL 33137 US

3. Date Incorporated or Qualified: 10/03/1991
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business	2a. Mailing Address
21	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: 65-0294981 ☐ 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

OYUELA, RAUL M
1 N.E. 40TH ST
STE. 6
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS		
TITLE	DP	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	OYUELA, RAUL M.		12 NAME		
STREET ADDRESS	915 NW 1 AVE #H-1308		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	ALEJO, TERESA HIPOLITO		22 NAME		
STREET ADDRESS	915 NW 1 AVE #H-1308		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP		
TITLE	T	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	FISCHER, ADAM D		32 NAME		
STREET ADDRESS	5757 COLLINS AVE #407		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	LAINZ, CARLOS		42 NAME		
STREET ADDRESS	13996 S.W. 90TH AVE #BB-109		43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP		
TITLE	D	☒ DELETE	51 TITLE	D	☒ Change ☐ Addition
NAME	POWER, WILLIAM		52 NAME	BENNIE VELEZ-DIAZ	
STREET ADDRESS	9623 S.W. 74TH ST		53 STREET ADDRESS	1454 SW 23RD ST	
CITY-ST-ZIP	MIAMI FL		54 CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	☒ DELETE	61 TITLE	D	☒ Change ☐ Addition
NAME	VILCHEZ, EDWARD E.		62 NAME	ANA I. QUIROS	
STREET ADDRESS	10043 N.W. 4TH LANE		63 STREET ADDRESS	8070 SW 140TH TER	
CITY-ST-ZIP	MIAMI FL		64 CITY-ST-ZIP	MIAMI FL 33158	

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)(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 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: RAUL M. OYUELA 4-13-96 (305) 576-5171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #