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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45435** (7)

1. Corporation Name
THE FLORIDA MUSEUM OF HISPANIC AND LATIN AMERICAN 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

4. FEI Number

65-0294981

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 4006 AURORA ST.

2a 4006 AURORA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 CORAL GABLES FL

28 CORAL GABLES FL

24 33146

25 U.S.

29 33146

30 U.S.

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

4006 AURORA ST.

83

84 City

CORAL GABLES

FL

85 Zip Code

33146

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)

4/15/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME DP
OYUELA, RAUL M.
STREET ADDRESS 915 NW 1 AVE #H-1308
CITY - ST - ZIP MIAMI FL

1.2 NAME
1.3 STREET ADDRESS 4006 AURORA ST
1.4 CITY - ST - ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME S
ALEJO, TERESA HIPOLITO
STREET ADDRESS 915 NW 1 AVE #H-1308
CITY - ST - ZIP MIAMI FL

2.2 NAME
2.3 STREET ADDRESS 4006 AURORA ST
2.4 CITY - ST - ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME T
GARCIA SEGOVIA, JUAN M
STREET ADDRESS 2154 SW 16TH ST
CITY - ST - ZIP MIAMI FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME D
ORENSTEIN, GABRIEL
STREET ADDRESS 600 NE 36TH ST 2017
CITY - ST - ZIP MIAMI FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME D
TERUZ, ROGERIO
STREET ADDRESS 16468 BRIDLEWOOD CIR
CITY - ST - ZIP DELRAY BCH FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME D
QUIROS, ANA L.
STREET ADDRESS 8070 SW 140TH TERR
CITY - ST - ZIP MIAMI FL

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL M. OYUELA

4/15/98

305.444.7060

CR2E037 (10/97)