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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N45435

1. Corporation Name

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

Principal Plac	e of Business	Mailing Address						
4006 AURORA ST CORAL GABLES FL 33146 US		4006 AURORA ST CORAL GABLES FL 33146 US						
	•							
-	Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 10/03/1991			
Suite, Apt.	# oto	Suite Ant # etc	Suite, Apt. #, etc.				Apr	lied For
22 Suite, Apt.	#, etc. ·	27	¬ ' ' ' '			•		Applicable
City & Stat	le	City & State					\$8.75 A	dditional
23		28	28			red 💢	Fee Red	quired
Zip	Country	Zip	Cour	try	6. Election Campaign Finar	ncing.	\$5.00	May Be
24	25	29	30		Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of I	New Registered A	Agent	
				81 Nar	me			
OYUELA, RAUL M				82 Stre	eet Address (P.O. Box Number is Not A	cceptable)		
4006 AURORA ST								
CORAL GABLES FL" 33146				83				.
	4000 - 34.00		ŀ	84 City	,		85 Zip C	ode
	State of the state			'		<u> </u>		
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		tegistered A	gent signat	ure required when reinstating) ADDITIONS/CHANGES T	DATE	D DIRECTO	2S IN 12
12.	OFFICERS AN	D DIRECTORS	1.1 TITL	_	ADDITIONS/CHANGES 1	O OI I IOLINO AIN	Change	Addition
TITLE			1.2 NA					
NAME	OYUELA, RAUL M.		1.3 STREET ADDRESS		ee l			
STREET ADDRESS	1 ****		1.4 CITY-ST-ZIP		533			ĺ
CITY-ST-ZIP	CONTRACTOR CONTRACTOR		2.1 TITI				Change	Addition
TITLE	_		2.2 NAM		·			_
NAME	ALEGO, TENEDA TIII CENTO				Eee	÷		
STREET ADDRESS			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		233			
TITLE TITLE	0010/2 04:022012 05:10		2.4 CII				Change	Addition
NAME	GARCIA SEGOVIA, JUAN M		3.2 NAM					_
STREET ADDRESS	1			EET ADORE	FSS			.
ł	MIAMI FL			Y-ST-ZIP				.
CITY-ST-ZIP TITLE	D D	₩ DELETE	4.1 TITE		DIRECTOR		Change	Addition
NAME	ORENSTEIN, GABRIEL	_	4. 2 NA		-	10 5040.		1
STREET ADDRESS	600 NE 36TH ST 2017		4.3 ST		ESS 4640 NW Q 2 D A	IA MARIA DEL PILAR TOBON 640 NW 93 RD DORAL CT.CIR		
CITY-ST-ZIP	MIAMI FL			Y-ST-ZIP	MIAMIFL 3317		C/~	
TITLE	D	DELETE	5.1 TIT		DIRECTOR		Change	Addition
NAME	TERUZ. ROGERIO	, -	5.2 NA	Æ	RAIZA SALA			1
STREET ADDRESS	70		5.3 STF	REET ADDRE		ve.		
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP	MIAMI FL 33178		•	
TELE	D DEBINI DON'TE	□ DELETE	6.1 TITI	E			Change	Addition

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, with a other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

QUIROS, ANA L.

MIAMI FL ::

8070 SW 140TH TERR

TITLE

NAME

STREET ADDRESS