

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N46904

(1)

1. Corporation Name

AMIGOS DE LAS AMERICAS, INC.



Principal Place of Business

4415 POST AVE  
MIAMI BEACH FL 33140

Mailing Address

4415 POST AVE  
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified  
01/21/1992

3a. Date of Last Report  
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
65-0306510

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

10. Name and Address of New Registered Agent

JIMENEZ, ADOLFO E  
701 BRICKELL AVE.  
STE. 3000  
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BYRNE, THOMAS E.  
STREET ADDRESS 5830 SW 73 ST.  
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE D  
NAME JIMENEZ, ADOLFO E.  
STREET ADDRESS 1450 S. BAYSHOIRE DR.  
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE D  
NAME WEISSBERG, SUSAN  
STREET ADDRESS 11745 SW 69 AVENUE  
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE D  
NAME LYONS, NATALIE B.  
STREET ADDRESS 1010 ANDORA AVENUE  
CITY-STATE-ZIP CORAL GABLES FL ☐ DELETE

TITLE D  
NAME ARCH, STEVE  
STREET ADDRESS 5800 SW 91 STREET  
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D  
1.2 NAME JIMENEZ, ADOLFO E.  
1.3 STREET ADDRESS 4415 POST AVE  
1.4 CITY-STATE-ZIP MIAMI BEACH, FL 33140 ☒ Change ☐ Addition

2.1 TITLE T  
2.2 NAME FALKENBERG, ULRIKE  
2.3 STREET ADDRESS 4415 POST AVE  
2.4 CITY-STATE-ZIP MIAMI BEACH, FL 33140 ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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:

*Adolfo E. Jimenez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Adolfo E. Jimenez* 4/2/96 305-784-7220  
Date Daytime Phone #

CR2E037 (12/95)