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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N46904

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/21/1992

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

9. Name and Address of Current Registered Agent

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

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

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

TITLE PD ☐ DELETE  
NAME JIMENEZ, ADOLFO E.  
STREET ADDRESS 4415 POST AVENUE  
CITY-ST-ZIP MIAMI BEACH FL

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

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

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

TITLE T ☐ DELETE  
NAME FALKENBERG, ULRIKE  
STREET ADDRESS 4415 POST AVENUE  
CITY-ST-ZIP MIAMI BEACH FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ 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 all other like empowered.

SIGNATURE:

*U. FALKENBERG*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99

Date

305-406-4750

Daytime Phone #

CR2E037 (11/98)