FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

N50563 DOCUMENT #

(8)

AMERICAN MEXICAN	ASSOCIATION	OF FLORIDA	, INC:

Mailing Address Principal Place of Business 3191 CORAL WAY, SUITE 115 3191 CORAL WAY, SUITE 115 MIAMI FL 33145 MIAMI FL 33145 3a. Date of Last Report 3. Date Incorporated or Qualified 05/24/1995 08/24/1992 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0541490 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite Apt #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip Yes No Florida Statutes 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Street Address (P.O. Box Number is Not Acceptable) 82 DE GOYTISOLO, AGUSTIN 2699 S. BAYSHORE DR., 7TH FL. 83 MIAMI FL 33133 Zip Code 84 85 City 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 (NOTE_Flug stered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (12/95)ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition Change DELETE 1.1 TIBLE TITLE CR2E037 1.2 NAME ACHKAR NABIL SANTIESTEBAN, ROBERTO NAME 200 S. BISCAYNE Blud. # 1.3 STREET ADDRESS 8950 SW 88TH STREET STREET ADDRESS 33131 MIAMI 14 CITY - ST - ZIP MIAMI FL CITY-ST-ZIP Addition Change DELETE 21 TITLE TITLE THOMAS DONNÆNY DR. 2.2 NAME ABDO, ALBERTO NAME 23 STREET ADDRESS 5712 GRANADA BLVD. STREET ADDRESS WINTER PARK CORAL GABLES FL 33146 2 4 CITY - ST- ZIP CITY - ST - ZIP TO Addition Change DELETE 3.1 TITLE TITLE Alexander GONZALEZ-LEARRA, FRANCIS 3.2 NAME NAME 1445 NW 1420 SE BAYSHORE DR #908 3 3 STREET ADDRESS STREET ADDRESS MIAMI MIAMI FL 3.4 CiTY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE P TITLE LLALIZATA SADURAI 4 2 NAME BARRETO, JORGE NAME Bive 2533 4.3 STREET ADDRESS 100 N. BISCAYNE BLVD., SUITE 1601 STREET ADDRESS 33*134* GAPLES 4.4 CITY - ST - ZIP MIAMI FL 33132 CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME KRAUSS, WILLIAM NAME 5.3 STHEET ADDRESS 701 BRICKELL AVE., SUITE 210 STREET ADDRESS 5 4 CITY - ST - ZIP MIAMI FL 33131 CITY-ST-ZIP 7<u>0</u>000188894🗫 Addition DELETE 61 TITLE TITLE -07/10/96--01013--047 6.2 NAME DE GOYTISOLO, AGUSTIN E NAME 6.3 STREET ADDRESS 2699 S. BAYSHORE DR., SUITE 700 STREET ADDRESS 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 fur certify that the information indicated on this anguel report of stignishmental annual report is true and accurate and that my signature shall have the same legal effect as if made cath; that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my ni appears in Block 12 or Block 13 if changes, or on an attantiment with an address. 6 4 CITY - ST - ZIP MIAMI FL 33133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR