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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # N93000000580

1. Corporation Name

FRIENDS FOR EL SALVADOR INC.

* 5 4 7 6 2 9 *
547629 - 90026 - 47

Principal Place of Business	Mailing Address
~~100 S.E. 2ND ST., 37TH FLOOR~~ ~~MIAMI FL 33130~~	~~100 S.E. 2ND ST., 37TH FLOOR~~ ~~MIAMI FL 33130~~

2. Principal Place of Business	2a. Mailing Address
21 701 Brickell Ave.	26 701 Brickell Ave.
Suite, Apt. #, etc. 22 2000	Suite, Apt. #, etc. 27 2000
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33131 25 USA	Zip / Country 29 33131 30 USA

3. Date Incorporated or Qualified: 02/10/1993

4. FEI Number: 65-0398665 ☐ 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

~~BEFELER, GEORGE~~
~~100 S.E. 2ND ST., 37TH FLOOR~~
~~NATIONS BANK TOWER~~
~~MIAMI FL 33130~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue

83 # 2000

84 City: Miami FL 85 Zip Code: 33131

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] DATE: 4-26-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MESA, GUIDO 13240 SW 17TH LANE #8 MIAMI FL 33175	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Ernesto Alvarez, President 580 Park Avenue New York, New York 10021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEFELER, GEORGE ~~100 SE 2ND STREET #3700~~ ~~MIAMI FL 33131~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D 701 Brickell Avenue #2000 Miami, FL. 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MESA, MORIA ALICIA 13240 SW 17TH LANE #8 MIAMI FL 33175	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S.D Carol Dauber 225 East 73rd Street New York, New York 10021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZIMMERMAN, MARIO GOMEZ 5991 SW 135TH TERRANCE MIAMI FL 33156	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T.D Maria Elena Manny 96 Algonquin Rd. Bronxville New York 10710	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SOLER, ANA V 200 E. 65TH ST. APT. 20FG NEW YORK NY 10021	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOMEZ, MARIA LUZ 5991 SW 135TH TERRACE MIAMI FL 33156	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: X SIGNATURE REQUIRED [signature] vice president 4/20/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #