FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N93000001887 (9)**

1. Corporation Name

THE ARELLANO FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O GJ FERNANDEZ-QUINCOCES TWO SOUTH BISCAYNE BLVD., STE 3400 MIAMI FL 33131-1897 US	ATTN: G. QUINCOCES 2601 SOUTH BAYSHORE DRIVE, #1600 MIAMI FL 33133

3. Date Incorporated or Qualified: 04/27/1993	3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0413902	☐ 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	

21. Principal Place of Business	26. Two South Biscayne Blvd
22. Suite, Apt. #, etc.	27. Suite 3400
23. City & State	28. Miami, FL
24. Zip / 25. Country	29. 33131 / 30. USA

9. Name and Address of Current Registered Agent

VALDES-FAUL CORPORATE SERVICES INC
TWO SOUTH BISCAYNE BLVD
SUITE 3400; ONE BISCAYNE TOWER
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 _____ DATE _____
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	DPS ARELLANO, JORGE R TW SOUTH BISCAYNE BLVD., STE 3400 MIAMI FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition 500001828745 -05/20/96--01034--008 ***61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVIER, CAROLYN LANDMARK COLLEGE RIVER ROAD PUTNEY VT 05346	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVIER, CAROLYN LANDMARK COLLEGE RIVER ROAD PUTNEY VT 05346	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D Jane Thompson Landmark College; River Road Putney, VT 05346 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MULLINS, CATHERINE LANDMARK COLLEGE RIVER ROAD PUTNEY VT 05346	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D/T Andre Chammas, CPA 124 SW 24th Road Miami, FL 33129 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GADDIS, GEOFFREY LANDMARK COLLEGE RIVER ROAD PUTNEY VT 05346	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D Guillermo J. Fernandez-Quincoces Two South Biscayne Boulevard; Suite 3400 Miami, FL 33131-1897 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

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: [signature] JORGE R. ARELLANO, PRESIDENT 4/30/96 (305) 376-6094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #