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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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	TWO SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI FL 33133

3. Date Incorporated or Qualified: 04/27/1993

4. FEI Number: 65-0413902 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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	DPS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ARELLANO, JORGE R		1.2 NAME		
STREET ADDRESS	TW SOUTH BISCAYNE BLVD., STE 3400		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OLIVIER, CAROLYN		2.2 NAME		
STREET ADDRESS	LANDMARK COLLEGE RIVER ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PUTNEY VT 05346		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	QUINCOCES, FERNANDEZ G J.		3.2 NAME		
STREET ADDRESS	2 SOUTH BISCAYNE BLVD., STE. 3400		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MULLINS, CATHERINE		4.2 NAME		
STREET ADDRESS	LANDMARK COLLEGE RIVER ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PUTNEY VT 05346		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GADDIS, GEOFFREY		5.2 NAME		
STREET ADDRESS	LANDMARK COLLEGE RIVER ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	PUTNEY VT 05346		5.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CHAMMAS, ANDRE		6.2 NAME		
STREET ADDRESS	2150 CORAL WAY, STE. 7-B		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: [signature] JORGE R. ARELLANO 2/7/98 (305) 856-5338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #