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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # N93000001887

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	04/27/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0413902 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Valdes-Fauli Corporate Services Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 2 S. Biscayne Blvd.
83: Suite 3400
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 _____ Paul E. Valdes Fauli, President February 1,1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	ARELLANO, JORGE R		1.2 NAME	Johnson, Leatrice	
STREET ADDRESS	TW SOUTH BISCAYNE BLVD., STE 3400		1.3 STREET ADDRESS	Landmark College River Road	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Putney, Vermont 05346	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	OLIVIER, CAROLYN		2.2 NAME	Sopper, Frank	
STREET ADDRESS	LANDMARK COLLEGE RIVER ROAD		2.3 STREET ADDRESS	Landmark College River Road	
CITY-ST-ZIP	PUTNEY VT 05346		2.4 CITY-ST-ZIP	Putney, Vermont 05346	
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	QUINCOLES, FERNANDEZ G J.		3.2 NAME	Fernandez-Quincoces, Guillermo J.	
STREET ADDRESS	2 SOUTH BISCAYNE BLVD., STE. 3400		3.3 STREET ADDRESS	2 S. Biscayne Blvd., Ste 3400	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, Florida 33131	
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	D/T	☐ Change ☒ Addition
NAME	CHAMMAS, ANDRE		6.2 NAME	Alexander, Gary D.	
STREET ADDRESS	2150 CORAL WAY, STE. 7-B		6.3 STREET ADDRESS	2701 LeJeune Road, Suite 300	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	Coral Gables, Florida 33134	

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: _____ Guillermo Fernandez-Quincoces 2/1/99 (305) 376-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #