FILE NOW; FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **N94000002971 (9)**

1. Corporation Name

F.A.I.C. FUNDACION ARTISTICA INTERNATIONAL CULTURAL, INC.

Principal Place of Business	Mailing Address
860 S.W. 129 PLACE SUITE 105, UNIVERSITY LAKES MIAMI FL 33184	7801 S . W . 29 Terrace Miami Florida, 33155

2. Principal Place of Business 21 860 S.W. 129 Place	2a. Mailing Address 26 7801 S.W. 29 Terrace
Suite, Apt. #, etc. 22 suite # 105	Suite, Apt. #, etc. 27
City & State 23 Miami Florida, 33184	City & State 28 Miami florida,33155
Zip 24 33184	Country 25 U.S.A.
Zip 29	Country 30

1. Date Incorporated or Qualified 06/15/1994	3a. Date of Last Report N/A
4. FEI Number 65-0498817	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	**$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SOTO-PUJOL, FRANK D 860 S.W. 129 PLACE SUITE 105, UNIVERSITY LAKES MIAMI FL 33184	81 Name: Frank O. SOTO-PUJOL 82 Street Address (P.O. Box Number is Not Acceptable): 860 S.W. 129 Place, University, LAKES 83 SUITE # 105 84 City: Miami Florida, FL 85 Zip Code: 33184

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
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	PRESIDENT,TRESURE	1.1 TITLE	☐ Change ☐ Addition HONORARY-PREST(CANT NO VOTE)
NAME	FRANK O. SOTO-PUJOL	1.2 NAME	CONCEPCION PUJOL
STREET ADDRESS	860 S.W.129 Place,Univ,Lakes.	1.3 STREET ADDRESS	860 S.W. 129 PLACE SUITE # 105
CITY-ST-ZIP	Miami FLORIDA,SUITE#105,33184	1.4 CITY-ST-ZIP	UNIVERSITY,LAKES,MIAMI FLA.33184
TITLE	VICE-PRESIDENT.	2.1 TITLE	☐ Change ☒ Addition
NAME	YOLANDA CARROLL	2.2 NAME	VICE-PREST.YOLANDA CARROLL
STREET ADDRESS	11800 S.W.18ST.Apart # 529	2.3 STREET ADDRESS	11800 S.W. 18ST. Suite # 529
CITY-ST-ZIP	MIAMI, FLORIDA. 33175	2.4 CITY-ST-ZIP	MIAMI FLORODA. 33175
TITLE	SECRETARY.	3.1 TITLE	☐ Change ☒ Addition
NAME	MARIA MESSER	3.2 NAME	SECRETARY MARIA MESSER
STREET ADDRESS	7801 S.W. 29 TERRACE	3.3 STREET ADDRESS	7801 S.W. 29 TERRACE
CITY-ST-ZIP	MIAMI,FLORIDA. 33155	3.4 CITY-ST-ZIP	MIAMI FLORIDA. 33155
TITLE	V.D.	4.1 TITLE	☐ Change ☒ Addition
NAME	IRMA DELGADO	4.2 NAME	V.D. IRMA DELGADO
STREET ADDRESS	7235 S.W. 24 St.Suite # 202	4.3 STREET ADDRESS	7235 S.W. 24 ST.SUITE# 202
CITY-ST-ZIP	MIAMI FLORIDA, 33155	4.4 CITY-ST-ZIP	MIAMI FLORIDA. 33155
TITLE	V.D.	5.1 TITLE	☐ Change ☒ Addition
NAME	ANA SUAREZ	5.2 NAME	V.D. Ana SUAREZ
STREET ADDRESS	7235 S.W. 24 St. SUITE#202	5.3 STREET ADDRESS	7235 S.W. 24 ST, SUITE # 202
CITY-ST-ZIP	MIAMI FLORIDA. 33155	5.4 CITY-ST-ZIP	MIAMI FLORIDA. 33155
TITLE	V.D.	6.1 TITLE	☐ Change ☐ Addition
NAME	JUAN M. OLIVA	6.2 NAME	
STREET ADDRESS	5800 W. FLAGLER ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FLORIDA. 33145	6.4 CITY-ST-ZIP	

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: Frank O. SOTO-PUJOL 2/25 (305) 227-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LW 4-19-95

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