## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jul 22 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT #

N9400002971 (9)

F.A.I.C. FUNDACION ARTISTICA INTERNATIONAL CULTU RAL, INC.

Principal Place of Business Mailing Address			- I TOODINIST OTE TEITH OLEH DANK VERK VERK BRINT BANK VANN VANN TOOL TOUR TOOK TOOL TOOL TOOL	
7801 SW 29 TERRACE MIAMI FL 33155 US		7801 SW 29 TERRACE MIAMI FL 33155 US		3. Date Incorporated or Qualified  06/15/1994  4. FEI Number  Applied For
	<			65-0498817   Not Applicable
Principal Place & Business     Principal Place & Business		2e. Mailing Address 26		5. Certificate of Status Desired
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution  Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
Zip 24	Country 25	Zip	Country	8. This corporation owes or has paid the current year Intanglible Personal Property Tax due June 30.  Yes No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registered Agent
	UJ <mark>O</mark> L, FRANK O		81 Name 82 Street Add	ress (P.O. Box Jumper is Not Acceptable)
7801 SW 29TH TERR Miami FL 33155			63	N/A
			84 City	FL 85 Zip Code
Į.	to the provisions of Soctions 617.050 egistered agent, or both, in the State om familiar with, and accept the oblig	02 and 617.1508, Florida Statutes e of Florida. Such change was au pations of, Section 617.0503, Flori	, the above-named corp thorized by the corpora da Statules.	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE .	Signature, typed or printed name of registered ag-	ont and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating) DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE	Change Addition
NAME	SOTO-PUJOL, FRANK O		1.2 NAME	
STREET ADDRESS	7801 SW 29 TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Fl. VPD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition
NAME	CARROLL, YOLANDA		2.2 NAME	
STREET ADDRESS	11800 SW 18ST #529		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	SD	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MESSSER, MARIA		3.2 NAME	
STREET ADDRESS	7801 SW 29 TERR.		3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	MIAMI FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME	-		4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
City-St-Zip			4.4 CITY - ST - ZIP	
TITLE	<b>4</b>	DELETE	5.1 TITLE	Change Addition
NAME	·		5.2 NAME	
STREET ADORESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	Ê	DELETE	5.4 CITY-ST-ZIP	Change Addition
TITLE	i t	□] UELETE	6.1 TITLE	Change Addition
NAME CIDEET ADDRESS			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

Thereby 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 atlachment with an address.

IGNATURE: P.T.D.

Add A. Vacank D. Sotto Luis Chapter 617, Florida Statutes; and that my name appears in Statutes. In the corporation of the corporat