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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:59

DOCUMENT # N94000004355 (3)

1. Corporation Name
ECUADORIAN FOUNDATION OF ART AND CULTURE, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 65-2124 MIAMI FL 33265-2124	POST OFFICE BOX 65-2124 MIAMI FL 33265-2124

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1994
3a. Date of Last Report:
4. FEI Number: 65-0314158 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26 P.O.BOX ~~13645~~ 143568		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28 CORAL GABLES, FL.	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 33134 / Country 30	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
CABRERA, CESAR M 4251 SW 138TH COURT MIAMI FL 33175	01 Name: SAME 02 Street Address (P.O. Box Number is Not Acceptable): 03 04 City: FL 05 Zip Code:

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: Cesar M Cabrera CESAR M. CABRERA, AUDITOR 3-25-1995
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	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	CABRERA, CESAR M	12 NAME	ELBA BOZANO
STREET ADDRESS	4251 SW 138TH COURT	13 STREET ADDRESS	3669 SW 14TH STREET
CITY-ST-ZIP	MIAMI FL 33175	14 CITY-ST-ZIP	MIAMI,FL. 33145
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	BOSSANO, ELBA	22 NAME	ALICIA KEHRHAHN
STREET ADDRESS	4675 WEST 18TH COURT APT. 1105	23 STREET ADDRESS	149 PONCE DE LEON BLVD.
CITY-ST-ZIP	HIALEAH FL 33012	24 CITY-ST-ZIP	CORAL GABLES, FL.33134
TITLE	SD	31 TITLE	SD ☒ Change ☐ Addition
NAME	CALDERON, MARIA C	32 NAME	SYLVIA MINER
STREET ADDRESS	13500 SW 26TH TERRACE	33 STREET ADDRESS	200 S.E. 15TH. RD. - APT. 14K
CITY-ST-ZIP	MIAMI FL 33175	34 CITY-ST-ZIP	MIAMI, FL. 33129
TITLE	TD	41 TITLE	TD ☒ Change ☐ Addition
NAME	BARBOZA, NORKA	42 NAME	HOMERO VELEZ
STREET ADDRESS	7709 WEST 15TH COURT	43 STREET ADDRESS	4261 W. 10TH. AVE.
CITY-ST-ZIP	HIALEAH FL 33014	44 CITY-ST-ZIP	HIALEAH, FL. 33012
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	POLIT, HECTOR	52 NAME	TERESA E. SAUMELL
STREET ADDRESS	4675 WEST 18TH COURT APT. 910	53 STREET ADDRESS	44 S.W. 62ND. COURT
CITY-ST-ZIP	HIALEAH FL 33012	54 CITY-ST-ZIP	MIAMI REMITTED BY MAY 1
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Elba Bozano ELBA BOZANO, PRESIDENT 3-25-95 (305) 567-1090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0073010