

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1997 8:00am  
Secretary of State

|  |   |
|--|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|

DOCUMENT # **N94000004355 (3)**

1. Corporation Name

**EQUADORIAN FOUNDATION OF ART AND CULTURE, INC.**



Principal Place of Business

Mailing Address

**3669 SW 14 ST  
CORAL GABLES FL 33145**

**P O BOX 141717  
CORAL GABLES FL 33114-1717  
US**

3. Date Incorporated or Qualified  
**09/07/1994**

3a. Date of Last Report  
**10/10/1996**

2. Principal Place of Business

2a. Mailing Address

**21 6915 Red Road**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 209**

**27**

City & State

City & State

**23 Coral Gables FL**

**28**

Zip

Country

Zip

Country

**24 33143**

**25**

**29**

**30**

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**

**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

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                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | BOZANO, ELBA            |  |
| STREET ADDRESS | 3669 SW 14TH ST         |  |
| CITY-ST-ZIP    | MIAMI FL 33145          |  |
| TITLE          | VD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | BOWEN, FERNANDO         |  |
| STREET ADDRESS | 14780 OLD CUTLER RD     |  |
| CITY-ST-ZIP    | MIAMI FL 33158-1724     |  |
| TITLE          | SD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | RODRIGUEZ, MAGGIE       |  |
| STREET ADDRESS | 8267 SW 128TH ST., #210 |  |
| CITY-ST-ZIP    | MIAMI FL 33156          |  |
| TITLE          | TD                      | <input type="checkbox"/> DELETE            |
| NAME           | VELEZ, HOMERO           |  |
| STREET ADDRESS | 4261 W 10TH AVE         |  |
| CITY-ST-ZIP    | HALEAH FL 33012         |  |
| TITLE          |                         | <input type="checkbox"/> DELETE            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> DELETE            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

|                    |                          |  |
|--------------------|--------------------------|--|
| 1.1 TITLE          | PD                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | JORGE SAADE              |  |
| 1.3 STREET ADDRESS | 520 BRICKELL KEY DR #815 |  |
| 1.4 CITY-ST-ZIP    | MIAMI FL 33131           |  |
| 2.1 TITLE          | VD                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | COLOMBO JOAQUIN          |  |
| 2.3 STREET ADDRESS | 6120 S.W. 63RD CT.       |  |
| 2.4 CITY-ST-ZIP    | MIAMI FL. 33143          |  |
| 3.1 TITLE          | SD                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | LENY NICOLA              |  |
| 3.3 STREET ADDRESS | 1411 S.W. 124TH CT.      |  |
| 3.4 CITY-ST-ZIP    | MIAMI FL 33184           |  |
| 4.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                          |  |
| 4.3 STREET ADDRESS |                          |  |
| 4.4 CITY-ST-ZIP    |                          |  |
| 5.1 TITLE          | P.R. ELBA BOZANO         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           |                          |  |
| 5.3 STREET ADDRESS | 3669 14TH ST             |  |
| 5.4 CITY-ST-ZIP    | MIAMI FL 33145           |  |
| 6.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                          |  |
| 6.3 STREET ADDRESS |                          |  |
| 6.4 CITY-ST-ZIP    |                          |  |

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/29/97**

**6659802**

CR2E037 (9/96)