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 JUN 20 PM 2:25

DOCUMENT # N94000004997 (2)

1. Corporation Name
CARLOS MANTILLA ORTEGA FOUNDATION, INC.

Principal Place of Business	Mailing Address
132 LAKE SHORE DRIVE NORTH PALM BEACH FL 33408	132 LAKE SHORE DRIVE NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1994
3a. Date of Last Report:
4. FEI Number: 52-1904272 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 606 BALTIMORE AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 404E
City & State 23	City & State 28 TOWSON, MD
Zip 24 / Country 25	Zip 29 21204 / Country 30 USA

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
MANTILLA, DORIS C 132 LAKE SHORE DRIVE NORTH PALM BEACH FL 33408	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☐ Change ☐ Addition
NAME	MANTILLA, DORIS C	12 NAME	
STREET ADDRESS	132 LAKE SHORE DRIVE UNIT 1118 QUAY NORTH	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33408	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	ALBORNOZ, CARLA C	22 NAME	
STREET ADDRESS	AV. 1025 GONZALEZ SUAREZ	23 STREET ADDRESS	
CITY-ST-ZIP	QUITO, ECUADOR	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	MANTILLA, DAVID C	32 NAME	
STREET ADDRESS	AV. 1025 GONZALEZ SUAREZ	33 STREET ADDRESS	
CITY-ST-ZIP	QUITO, ECUADOR	34 CITY-ST-ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	MANTILLA, ROBERTO C	42 NAME	
STREET ADDRESS	AV. 1025 GONZALEZ SUAREZ	43 STREET ADDRESS	
CITY-ST-ZIP	QUITO, ECUADOR	44 CITY-ST-ZIP	
TITLE	DV	51 TITLE	☐ Change ☐ Addition
NAME	ITURRALDE, ANDREA C	52 NAME	
STREET ADDRESS	AV. 1025 GONZALEZ SUAREZ	53 STREET ADDRESS	
CITY-ST-ZIP	QUITO, ECUADOR	54 CITY-ST-ZIP	
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: _____ 6-1-95 (407) 626-1579
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0048273