FILE NOW: FILING FEE IS \$61.25

HONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400005108

UNIVERSIDAD LATINOAMERICANA DE LA LIBERTAD FRIED RICH HAYEK CORP.

Principal Place of Business

Mailing Address

700 N.W. LE JEUNE ROAD

SUITE 622 MAN FL 33126

2. Principal Place of Business

780 N.W. LE JEUNE ROAD SUITE 622

MIAM FL 33126

2a. Mailing Address

26



99 AUG -3 PM 3: 02

AMENDED SECRETARY OF STATE TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualifed

10/17/1994

	ot. N, etc.	Suite, Apl. #, etc.			4. FEI Number		11/	oplied For	
22		27			58-2180065		1	lot Applicable	
Cay & Si	ry & State City & State				S. Certificate of Status Desired	D		Additional Required	
20	Country Zip Co			y	Election Campaign Financing		\$5.00	May Be	
24	25 29 30				Trust Fund Contribution	, 0		to Fees	
	Name and Address of Current R	egistered Agent			10. Name and Address of New	Registerer	d Agent		
į			81	Name		-			
Craft, Ana R. Esq.					Eduardo Palmor Address (P.O. Box Number & Not Accep	Jahla l			
13701 N. Kendall Drive					8840 N.W. 196th Street				
Suite 303									
				City			85 Zio	Code	
Miami, Fl 33186				i Cay	Miami	FI		Λ1 R	
office or	t to the provisions of Sections 617,0502 an registered agent, or both, in the State of Fi am familiar with, and accept the obligations	lorida. Such change was aut	horized by	the corps	corporation aubmits this statement for the	purpose o	f changing its	registered	
SIGNATURE	~ ~ 0 0 <u>~ \</u> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	mer							
	Signature, typed or protect frome of registered operating	the disportante (MOTE: Au	egrisered Ager	nt 1491411/19 19	equind when severately)	DATE			
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OF	FICERS A	NO DIRECTO		
MUTE	JPD	O DELETE	LITTLE				Change	■ Addition	
NUE	WEILL, ROBERTO A		12 NWE						
STREET ACORESS	780 N.W. LE JEUNE ROAD, SUITE 622		1.3 STREET	FADORESS					
OTY-51-2P	MAMI FL 33122		54 OTY-\$1	T-210					
BILE	VOS	₹) DELETE	21 MILE VI		VDS		Change	CA Addition	
ME	CRAFT, ANA R		22 NAME	<u> </u>	. – •				
STREET ADDRESS	780 N.W. LE JEUNE ROAD, SUITE (\$22	13 STREET	ADORESS	Palmer, Eduardo	_	_		
CITY-ST-2P	MIAMI FL 33122		240TY-\$1	T-20°	780 N.W. Le Jeune	Roac	i, Suit	ce 622	
MILE	D	() DELETE	3.1 MILE		Miami, Florida 3:	3T26	Change	Add Nor	
NUE	FERNANOEZ, MATIAS		12 HARE	ا: ا					
STREET ADDRESS	780 N.W. LE JEUNE ROAD, SUITE (222	S.) STREET	ADORESS	7000023:	554	<u> </u>	-4	
OTY-51-2P	MIAMI FL 33126		S.C.OTY-ST	r-Zie	7000029554 -08/10/93010		29015		
#n£		D DELETE	LITTLE		**************************************	. 25	FFEE Se.	250 Addition	
WE			LINNE	J					
STREET ADDRESS			43 STREET	ADORESS					
O11V-51-2P			4.4 OTY-ST-	-200					
m.e		☐ DELETE	SI TITLE		1		Charge	Addition:	
MUE		1	SZIWWE	1	400				
STREET ACCINESS		· 1	SJ STREET	ADDRESS	10817				
OTY-51-24P		<u> </u>	\$4 OTY-ST-	. ZPP	φ				
me		☐ D€LETE	41 mile				Change	D WARPA	
WE		ĺ	EZHWE	- 1					
TREET ADDRESS		t	63 STREET A	VOORESS					
DTY-ST-DP			£4 CITY-ST-	200					
4. I hereby ce	rtify that the information supplied with this	filing does not qualify for the	exemption	n stated i	n Section 119.07(3)(i), Florida Statutes. I	further cert	ity that the in	formation	

nd accurate and that my signature shall have the same legal effect as if made under oath; that I am if ed-to-execute this report as required by Chapter 617, Florida Statutes; and that my name appears in with all other like empowered. SIGNATURE:

7/12/99 (305)444-4050

CORPORATION ANNUAL REPORT

1999

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** FILED SEARCIARY OF STATE FOR OF CORPORATIONS

1.	Corporatio	MENT # P97	7000027070 NC.	99 AUG -3 PM 1:13			
103 RAINTREE BLVD 103 RAINT			Mailing Address 103 RAINTREE BLVD NICEVILLE FL 32578				
2.	Principal P	lace of Business	2a. Mailing Address		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/25/1997 4. FEI Number Applied F	For	
21			26		59-3441380 Not Appl	icable	
Suite, Apt. #, etc.			<u> </u>		5. Certificate of Status Desired \$8.75 Additio		
22	City & Stat		City & State		Fee Required		
23	,		28		6. Election Campaign Financing \$5.00 May E Trust Fund Contribution Added to Fee:		
	Zip	Country	Zip	Country	8. This corporation owes the current year		
24		25	29	30	Intangible Personal Property. Yes X No		
		9. Name and Address of	of Current Registered Agent	81 Name	10. Name and Address of New Registered Agent		
BROWN, MARK E 103 RAINTREE BLVD NICEVILLE FL 32578				83 84 City	Address (P.O. Box Number is Not Acceptable) 70002955337 -08/10/9901024015 ****150日0 8****4260	.00 .00	
11. SiG	office or a agent. La : NATURE	registered agent, or both, in t	the State of Florida. Such change was the obligations of, section 607.0505, Fl	authorized by the corpo	reporation submits this statement for the purpose of changing its registere ration's board of directors. I hereby accept the appointment as registere required when reinstating) DATE	d d	
12.		OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE		P PDOMBL M	DELETE	1 1 TITLE	Change A	ddition	
NAME		BROWN, M		1.2 NAME			
	ET ADDRESS	103 RAINTREE BLVD NICEVILLE FL 32378		1.3 STREET ADDRESS			
TITLE	ST-ZIP	VP	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Π Π.	4400	
NAME		BROWN, S	[] DECETE	2.2 NAME	Change A	ddition	
	ET ADDRESS	103 RAINTREE BLVD		2 3 STREET ADDRESS			
CITY-	ST-ZIP	NICEVILLE FL 32578		2.4 CITY-ST-ZIP			
TITLE	:		DELETE	3.1 TITLE	Change A	ddition	
NAME	•			3 2 NAME			
STRE	ET ADORESS			3 3 STREET ADDRESS			
CITY				3.4 CITY-ST-ZIP	F-1-1		
TITLE			☐ DELETE	41 TITLE	Change A	ddition	
1	ET ADORESS			4.2 NAME 4.3 STREET ADDRESS			
CITY				4.4 CITY-ST-ZIP			
TITLE			DELETE	5.1 TITLE	Change A	dition	
NAME	:			5.2 NAME	Ondrige Au	June	
STREE	ET ADDRESS			5 3 STREET ADDRESS		1	
CITY-	ST-ZIP			5 4 CITY-ST-ZIP			
TITLE	ì		DELETE	6.1 THTLE	Change A	ddition	
NAME				6 2 NAME	Chr. Ale		
STREET ADDRESS				63 STREET ADDRESS	,		
CITY	ST-ZIP			64 CITY-ST-ZIP			

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: