

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N9500002112**

1. Corporation Name

**The Guatemalan-American Children's
Foundation, Inc.**

Principal Place of Business

Mailing Address

143 Girdle Ave.
Coral Gables, FL 33134

P.O. Box 144886
Coral Gables, FL 33114-4886

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

3a. Date of Last Report

May 3 '95

4. FEI Number

65-0594060

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

Corporation Company of Miami
201 S. Biscayne Blvd
1600 Miami Center, Miami, FL 33131

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **D Ana Maria Corcoran de la**
STREET ADDRESS **Resident**
CITY-ST-ZIP **12355 SW 192th
Miami, FL 33177**

TITLE ☒ DELETE
NAME **D Carmen Mariella Lemus**
STREET ADDRESS **de Crocher, Vice President**
CITY-ST-ZIP **4036 SW 143rd Ave, Miami, FL 33186**

TITLE ☒ DELETE
NAME **D Ana Rosario Aparicio Bone**
STREET ADDRESS **de Vasquez, Treasurer**
CITY-ST-ZIP **10918 SW 146th Court
Miami, FL 33186**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D Carmen Mariella Lemus**
1.3 STREET ADDRESS **Rivera de Crocher, President**
1.4 CITY-ST-ZIP **4036 SW 143rd Ave, Miami, FL 33186**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D Ana Rosario Aparicio Bone**
2.3 STREET ADDRESS **de Vasquez, Vice President**
2.4 CITY-ST-ZIP **10918 SW 146th Court
Miami, FL 33186**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D Nidia Martinez**
3.3 STREET ADDRESS **Treasurer**
3.4 CITY-ST-ZIP **8500 SW 212 St. Apt. 209
Miami, FL 33189**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **MARtha Bone**
4.3 STREET ADDRESS **Secretary**
4.4 CITY-ST-ZIP **6230 SW 129 Place Apt. 1205
Miami, FL 33183**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **700001897437**
5.3 STREET ADDRESS **-07/18/96--01011--035**
5.4 CITY-ST-ZIP *****61.25**

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b) 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: **ANA VASQUEZ - ANA VASQUEZ**

5-1-96

(305) 567-2767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Baytime Phone #

CR2E037 (12/95)