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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N95000002112 (9)

1. Corporation Name
THE GUATEMALAN-AMERICAN CHILDREN'S FOUNDATION, I NC.

Principal Place of Business
143 GIRALDA AVE
CORAL GABLES FL 33134

Mailing Address
PO BOX 144886
CORAL GABLES FL 33114-4886

3. Date Incorporated or Qualified: 05/03/1995
3a. Date of Last Report: 07/17/1996

2. Principal Place of Business
21 5545 SW, 8th ST
Suite, Apt. #, etc.
22 SUITE # 105
City & State
23 MIAMI, FL,
Zip 24 33134
Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

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
CORPORATION COMPANY OF MIAMI
1600 MIAMI CENTER
201 S BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: ANA VASQUEZ
82 Street Address (P.O. Box Number is Not Acceptable): 10918 SW. 146 Ct.
83
84 City: MIAMI, Fl, FL
85 Zip Code: 33186

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: Ana Vasquez 4-22-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☒ DELETE
NAME	DE CROCKER, CARMEN	
STREET ADDRESS	9036 SW 143RD AVE	
TITLE	D	☐ DELETE
NAME	DE VASQUEZ, ANA	
STREET ADDRESS	10918 SW 146TH CT.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	DT	☐ DELETE
NAME	MARTINEZ, MIDIA	
STREET ADDRESS	8500 SW 212 ST. APT 209	
CITY-ST-ZIP	MIAMI FL 33183	
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	DP	☑ Change ☐ Addition
1.2 NAME	ANA R. DE VASQUEZ	
1.3 STREET ADDRESS	[redacted] Fl. 33186	
2.1 TITLE	D.	☐ Change ☑ Addition
2.2 NAME	MARTHA BONE	
2.3 STREET ADDRESS	6230 SW 129 Pl# 1205 Miami,Fl,3318	
2.4 CITY-ST-ZIP		
3.1 TITLE	VP.D	☐ Change ☑ Addition
3.2 NAME	JULIO APARICIO	
3.3 STREET ADDRESS	6230 SW 129 Pl.#1205 Miami,Fl.33183	
3.4 CITY-ST-ZIP		
4.1 TITLE	DT	☑ Change ☐ Addition
4.2 NAME	NYDIA MARTINEZ	
4.3 STREET ADDRESS	37 SW 114 Ave,	
4.4 CITY-ST-ZIP	Miami, Fl. 33174	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Ana Vasquez ANA VASQUEZ 4-21-97 (305) 262-0799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028163