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 # **N95000003796 (8)**

1. Corporation Name

OSMUS NATIONAL HISPANIC ART FOUNDATION INC.

Principal Place of Business	Mailing Address
1602 ALTON RD SUITE 559 MIAMI BEACH FL 33139	1602 ALTON RD SUITE 559 MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 08/07/1995
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0665546 ☐ 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

DE DIOS MUÑIZ, ~~ILELAND~~ ILEANA
1602 ALTON RD
SUITE 559
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

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] 06/10/96
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 ?	Ileana De Dios Muñiz ☐ DELETE	11 TITLE	Ileana De Dios Muñiz "D" ☐ Change ☐ Addition
NAME	Chairman	12 NAME	
STREET ADDRESS	1602 alton Road Suite 559	13 STREET ADDRESS	1602 alton Road Suite 559
CITY-ST-ZIP	Miami Beach, FL 33139.	14 CITY-ST-ZIP	Miami Beach, FL 33139.
TITLE ?	Al Vazquez (President) ☐ DELETE	21 TITLE	Al Vazquez "D" ☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS	1602 alton Rd Suite 559	23 STREET ADDRESS	1602 alton Road Suite 559
CITY-ST-ZIP	Miami Beach, FL 33139.	24 CITY-ST-ZIP	Miami, Beach, FL 33139.
TITLE ?	Carlos Garcia ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Vice President	32 NAME	Carlos Garcia
STREET ADDRESS	3690 NW 50th Street Miami	33 STREET ADDRESS	3690 NW 50th Steet, Miami
CITY-ST-ZIP	FL.	34 CITY-ST-ZIP	FL
TITLE	☐ DELETE 33142	41 TITLE	☐ Change ☐ Addition
NAME	Aoa Orazco	42 NAME	
STREET ADDRESS	Treasure Miami	43 STREET ADDRESS	
CITY-ST-ZIP	711 Jefferson Ave, apt #7 Beach FL	44 CITY-ST-ZIP	
TITLE	☐ DELETE 33139	51 TITLE	400001396154 ☐ Change ☐ Addition
NAME ?	Josefa, E. Rojas.	52 NAME	-07/17/96--01028--015
STREET ADDRESS	Secretary apt#503	53 STREET ADDRESS	***61.25
CITY-ST-ZIP	1615 Meridian Ave Miami Beach, FL 33139	54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	7-16-96 ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (12/95)

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: X [signature] 04/28/96 (305)576-6008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #