FILE NOW: FILING FEE IS $61.25

~~NO~~NPROFIT 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
1602 ALTON RD
SUITE 559
MIAMI BEACH FL 33139

Mailing Address
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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ?	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Ileana De Dios Muñiz	1.2 NAME	Ileana De Dios Muñiz "D"
STREET ADDRESS	Chairman	1.3 STREET ADDRESS	1602 Alton Road Suite 559
CITY-ST-ZIP	1602 Alton Road Suite 559 Miami Beach, FL 33139.	1.4 CITY-ST-ZIP	Miami Beach, FL 33139.
TITLE ?	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Al Vazquez	2.2 NAME	Al Vazquez "D"
STREET ADDRESS	(President)	2.3 STREET ADDRESS	1602 Alton Road Suite 559
CITY-ST-ZIP	1602 Alton Rd Suite 559 Miami Beach, FL 33139.	2.4 CITY-ST-ZIP	Miami Beach, FL 33139.
TITLE ?	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Carlos Garcia,	3.2 NAME	Carlos Garcia
STREET ADDRESS	Vice President	3.3 STREET ADDRESS	3690 NW 50th Street, Miami
CITY-ST-ZIP	3690 NW 50th Street Miami FL.	3.4 CITY-ST-ZIP	FL
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Ana Mazco	4.2 NAME	
STREET ADDRESS	Treasure	4.3 STREET ADDRESS	
CITY-ST-ZIP	711 Jefferson Ave, apt #7 Miami Beach FL 33139	4.4 CITY-ST-ZIP	
TITLE ?	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Josefa I. Rojas.	5.2 NAME	400001396154
STREET ADDRESS	Secretary	5.3 STREET ADDRESS	-07/17/96--01028--015
CITY-ST-ZIP	1615 Meridian Ave apt#503 Miami Beach, FL 33139	5.4 CITY-ST-ZIP	***61.25
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	7-16-96
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 #

CR2E037 (12/95)