## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1997

12355 S.W. 192 TERA.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N95000003971 (7)

## AMERICAN-GUATEMALAN FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|-----------------------------|-----------------|

12355 S.W. 192 TERR.

## **FILED** Aug 12 1997 8:00am Secretary of State



| MIAMI FL 33177  | •  | MIAMI FL 33177  | AMI FL 33177                            |                       | DO NOT WRITE IN THIS SPACE  |                               |                       |  |
|---|--|---|---|-----------------------|---|-------------------------------|-----------------------|--|
|   |  |   |   |                       | 3. Date incorporated or Qualified 08/18/1995  | 3a. Date of 04/1              | Last Report<br>1/1996 |  |
| 2. Principal P  | Place of Business<br>TS S.W. 192 Terr  | 28. Mailing Address<br>26. 12355 5                              | 10/. 14                                 | 92 Tecc               | 4. FEI Number<br>65-0649390   |                               | Applied For           |  |
| Suite, Apt.   | 355 S.W. 192 Terr. 26 12355 S.W. 192 Terr.  Apt. #, etc. Suite. Apt. #, etc. |   |   |                       | \$A   | Not Applicable  75 Additional |                       |  |
| 27  |  |   | 5. Certificate of Status Desired        | 1 1                   | ee Required   |                               |                       |  |
| City & State  |  |   | T:(                                     |                       | 6. Election Campaign Financing  | \$                            | 5.00 May Be           |  |
|   | imi, Fl.   | 28 Miami  | , 41.                                   |                       | Trust Fund Contribution   |                               | dded to Fees          |  |
| Zip   | Country  | Zip   | Count                                   | is# ·                 | 8. This corporation owes or has pa  |                               | ear Intangible        |  |
|   |  |   |   |                       |   |                               |                       |  |
|   |  |   |   |                       |   |                               |                       |  |
| COMBAL  | HZIER GEORGE I   | •   |   |                       | Same  | . <u></u>                     |                       |  |
| COMBALUZIER, GEORGE L 2112 COUNTRY CLUB PRADO   |  |   |   |                       | ress (P.O. Box Number is Not Acceptab   | le)                           |                       |  |
| CORAL GABLES FL 33134   |  |   |   |                       | <del></del>   |                               |                       |  |
|   |  |   |   |                       |   |                               |                       |  |
|   |  |   | 8-                                      | 4 City                |   | FL 85                         | Zip Code              |  |
| 11. Pursuant  | to the provisions of Sections 617.0502                                       | and 617.1508, Florida Statute                                   | s, the abo                              | ve-named corp         | poration submits this statement for the p   | urpose of chan                | ging its registered   |  |
| 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   |  |   |   |                       |   |                               |                       |  |
| 12,   | Signature, typed or printed name of registered agont OFFICERS AND            |   |   | gent signature requir | red when reinstating)   | DATE                          | 07000 0110            |  |
| TITLE   | PD OFFICERS AND  | DELETE  | 13.<br>1.1 TITLE                        |                       | ADDITIONS/CHANGES TO OFFIC  | ERS AND DIRE                  |                       |  |
| NAME  | MONTEAGUDO, ANA MARIA  | _ Deterie   | 1.2 NAME                                |                       |   |                               | ange Muonnon          |  |
| STREET ADDRESS  | 12355 S.W. 192 TERR.   | _   |   | ET ADDRESS            |   |                               |                       |  |
| CITY-ST-ZIP   | MIAMI FL 33177   | Same  | 1.4 CITY-                               |                       |   |                               |                       |  |
| TITLE   | VPD  | DELETE  | 2.1 TITLE                               |                       |   | □ CI                          | nange Addition        |  |
| NAME  | MONTEAGUDO, ARMANDO  |   | 2.2 NAME                                | :                     |   |                               |                       |  |
| STREET ADDRESS  | 12355 S.W. 192 TERR.   |   | 2.3 STREE                               | ET ADDRESS            |   |                               |                       |  |
| - CATY-ST-ZIP   | MIAMI FL 33177   | Same  | 2.4 CITY-ST-ZIP                         |                       |   |                               |                       |  |
| TITLE   | STD  | ☐ DELETE .  | 3.1 TITLE                               |                       |   | ☐ Cr                          | nange Addition        |  |
| NAME  | MORALES, CALUDIA   |   | 3.2 NAME                                |                       |   |                               |                       |  |
| STREET ADDRESS  | 12355 S.W. 192 TERR.   | 6 0   | 3.3 STREE                               | T ADDRESS             |   |                               |                       |  |
| CITY-ST-ZIP   | MIAMI FL 33177   | Same  | 3.4. CITY                               | - ST- ZIP             |   |                               |                       |  |
| TITLE   | D  | ☐ DELETE  | 4.1 TITLE                               | 7                     |   | ☐ Cr                          | nange 🔲 Addition      |  |
| NAME  | COMBALUZIER, GEORGE L  |   | 4. 2 NAM                                | E                     |   |                               |                       |  |
| STREET ADDRESS  | 2112 COUNTRY CLUB PRADO  | Same  |   | T ADDRESS             |   |                               |                       |  |
| CITY-ST-ZIP   | CORAL GABLES FL 33134  | ☐ DELETE  | 4.4 CITY -<br>5.1 TITLE                 |                       |   |                               |                       |  |
| NAME  |  | OLLETE  | 5.1 HILE<br>5.2 NAME                    |                       |   | _ 0                           | vange Addition        |  |
| STREET ADDRESS  |  |   |   |                       |   |                               |                       |  |
| CITY-ST-ZIP   |  |   | 5.4 CITY-                               | T ADDRESS             |   |                               |                       |  |
| TITLE   |  | DELETE  | 6.1 TITLE                               |                       |   | ☐ Ch                          | iange Addition        |  |
| NAME  |  | - <del>-</del>  | 6.2 NAME                                |                       |   |                               |                       |  |
| STREET ADDRESS  |  |   |   | T ADDRESS             |   |                               |                       |  |
| CITY-ST-ZIP   |  |   | 6.4 CITY-                               | ST-ZIP                |   |                               | ļ                     |  |
| Information   | n indicated on this annual report of suc                                     | iplemental annual report is tru<br>e receiver or trustee empowe | for the ex-<br>ie and acc<br>red to exe | emption stated        | I in Section 119.07(3)(i), Florida Statutes<br>my signature shall have the same legal<br>1 as required by Chapter 617, Florida St | affect so if mai              | da undar aath: that l |  |