

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 # N95000004209 (1)

1. Corporation Name

COSTA-RICAN AMERICAN FOUNDATION, INC.



Principal Place of Business

10651 SW 88TH STREET STE 206
MIAMI FL 33176

Mailing Address

10651 SW 88TH STREET STE 206
MIAMI FL 33176

3. Date Incorporated or Qualified
08/31/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.
206

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
206

28 City & State

29 Zip

30 Country

4. FEI Number

65-0612182

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

**CERDAS, ANNETTE L
11710 SW 110TH LANE
MIAMI FL 33186**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD CERDAS, SERGIO M**
STREET ADDRESS **11710 SW 110TH LANE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE
NAME **VD RICHMAN, ISaura M**
STREET ADDRESS **1402 SO. BAYSHORE DRIVE STE 1501**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE
NAME **SD JOYNAZ, JOSE**
STREET ADDRESS **7530 CENTER BAY DRIVE**
CITY-ST-ZIP **NO. BAY VILLAGE FL 33141**

TITLE ☒ DELETE
NAME **BD BEDOYA, SYLVIA**
STREET ADDRESS **8565 SW 115TH COURT**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☒ DELETE
NAME **OWENS, FRANK**
STREET ADDRESS **12255 SW 90TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33176**

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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

**200001771162
-04/05/96--01050--013
***70.00**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERGIO M CERDAS

President 02/26/96

Date Daytime Phone #

(305) 270-3323

CR2E037 (12/95)