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FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000000242 (5)

1. Corporation Name

WILDLAND FOUNDATION, INC.

Principal Place of Business

Mailing Address

526 CATALONIA #3
CORAL GABLES FL 33134

526 CATALONIA #3
CORAL GABLES FL 33134-6533



3. Date Incorporated or Qualified
01/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 526 CATALONIA #3

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 CORAL GABLES

27

City & State

City & State

23 FLORIDA

28

Zip

Country

Zip

Country

24 33134

25

USA

29

30

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

HERNANDEZ, MIGUEL I
526 CATALONIA #3
CORAL GABLES FL 33134

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☐ DELETE
NAME PERTUZ, ALVARO
STREET ADDRESS 11735 S.W. 114 TERRACE
CITY-ST-ZIP MIAMI FL 33196

1.1 TITLE SD ☐ Change ☒ Addition
1.2 NAME OLIVA VENGOECHEA
1.3 STREET ADDRESS 9719 SW 154 PLACE
1.4 CITY-ST-ZIP MIAMI, FL 33196

TITLE SD ☐ DELETE
NAME VENGOECHEA, MARIO
STREET ADDRESS 9719 S.W. 154 PLACE
CITY-ST-ZIP MIAMI FL 33196

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

TITLE PD ☐ DELETE
NAME HERNANDEZ, MIGUEL I
STREET ADDRESS 526 CATALONIA #3
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE D ☒ DELETE
NAME MOLINA, LILIANA
STREET ADDRESS 10794 S.W. 88 STREET APT. B22
CITY-ST-ZIP MIAMI FL 33186

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97 (305) 443-6105

Date

Daytime Phone # 0027042

CR2E037 (9/96)