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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90188 017 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000001921**

1. Corporation Name

**THE SIMON BOLIVAR INSTITUTE, INC.**

Principal Place of Business

8955 SW 120TH ST  
MIAMI FL 33176  
US

Mailing Address

8955 SW 120TH ST  
MIAMI FL 33176  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

04/09/1996

4. FEI Number

65-0658762

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

9. Name and Address of Current Registered Agent

ROJAS, FRED A  
8955 SW 120TH ST  
MIAMI FL 33176

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **GOMEZ, BURT**  
STREET ADDRESS **9130 SO DADELAND BLVD.**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **DC** ☒ DELETE  
NAME **HERNANDEZ, ANA MARIA**  
STREET ADDRESS **101 HIALEAH DRIVE BARNETT BANK**  
CITY-ST-ZIP **HIALEAH FL**

TITLE **D** ☐ DELETE  
NAME **MELIANS, DIEGO**  
STREET ADDRESS **13280 SW 98TH STREET**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D** ☐ DELETE  
NAME **JARDON, MARIO**  
STREET ADDRESS **4175 W 20TH AVE**  
CITY-ST-ZIP **HIALEAH FL**

TITLE **D** ☐ DELETE  
NAME **RODRIGUEZ, MANNY**  
STREET ADDRESS **4200 W FLAGLER ST**  
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **DPST** ☐ DELETE  
NAME **ROJAS, FRED A**  
STREET ADDRESS **970 WEST 32ND ST**  
CITY-ST-ZIP **HIALEAH FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)