2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# N96000002216

Entity Name: LAS AMERICAS MUSEUM OF ART, INC.

Current Principal Place of Business:

12529 BELROSE AVE
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

12529 BELROSE AVE
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 59-3408710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COSME, RAFAEL A
12529 BELROSE AVE
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PDD ( ) Delete
Name: MEDINA, PERLA
Address: 12523 BELROSE AVE
City-St-Zip: ORLANDO, FL 32837

Title: VPD ( ) Delete
Name: COSME, RAPHAEL
Address: 12529 BELROSE AVENUE
City-St-Zip: ORLANDO, FL 32837

Title: SD ( ) Delete
Name: PEREZ, ANA
Address: 5102 CINDERLANE PARKWAY
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDD (X) Change ( ) Addition
Name: COSME, RAPHAEL
Address: 12529 BELROSE AVE
City-St-Zip: ORLANDO, FL 32837

Title: VPD (X) Change ( ) Addition
Name: MEDINA, PERLA
Address: 12523 BELROSE AVENUE
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PERLA MEDINA VPD 05/01/2005

Electronic Signature of Signing Officer or Director — Date