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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003003 (8)**

1. Corporation Name

NICARAGUAN-AMERICAN CHILDRENS FOUNDATION, INC.



Principal Place of Business	Mailing Address
525 RIDGEWOOD RD. KEY BISCAVNE FL 33149	525 RIDGEWOOD RD. KEY BISCAVNE FL 33149

3. Date Incorporated or Qualified

06/06/1996

4. FEI Number

31-1474014

Applied For

Not Applicable

2. Principal Place of Business
21 **G20 HARBOR CIRCLE**

2a. Mailing Address
26 **SAME**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 **KEY BISCAVNE FL.**

27 City & State

24 Zip
33149

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARDENAL, RAMIRO
525 RIDGEWOOD RD
KEY BISCAVNE FL 33149

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

G20 HARBOR CIRCLE

83

84 City **KEY BISCAVNE**

FL

85 Zip Code **33149**

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	D	<input type="checkbox"/> DELETE
NAME	CARDENAL, RAMIRO	
STREET ADDRESS	525 RIDGEWOOD RD.	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	G20 HARBOR CIRCLE
1.4 CITY-ST-ZIP	KEY BISCAVNE FL. 33149

TITLE	D	<input type="checkbox"/> DELETE
NAME	DE CARDENAL, MERCEDES L	
STREET ADDRESS	525 RIDGEWOOD RD.	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	G20 HARBOR CIRCLE
2.4 CITY-ST-ZIP	KEY BISCAVNE FL. 33149

TITLE	D	<input type="checkbox"/> DELETE
NAME	CUADRA, ELISA	
STREET ADDRESS	525 RIDGEWOOD RD.	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	G20 HARBOR CIRCLE
3.4 CITY-ST-ZIP	KEY BISCAVNE FL. 33149

TITLE	D	<input type="checkbox"/> DELETE
NAME	JUNCADELLA, MARIA F	
STREET ADDRESS	525 RIDGEWOOD RD.	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	G20 HARBOR CIRCLE
4.4 CITY-ST-ZIP	KEY BISCAVNE FL. 33149

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Ramiro Cardenal

RAMIRO CARDENAL

(305) 361 3697

CR2E037 (10/97)