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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000003254

1. Corporation Name

BUSTAMANTE PATRONAGE INC.

Principal Place of Business

390 N.W. 2ND STREET
APT. 902
MIAMI FL 33128

Mailing Address

390 N.W. 2ND STREET
APT. 902
MIAMI FL 33128



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/17/1996

4. FEI Number

65-0680474

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

DE BUSTAMANTE, MANUEL R
390 N.W. 2ND STREET
APT. 902
MIAMI FL 33128

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 SD
NAME ARISTA-SALADO, LEOPOLDO
STREET ADDRESS 1769 SW 24 TERRACE
CITY-ST-ZIP MIAMI FL 33145

TITLE TD
NAME DE BUSTAMANTE, MANUEL R
STREET ADDRESS 390 N.W. 2ND STREET APT. 902
CITY-ST-ZIP MIAMI FL 33128

TITLE TD
NAME RUANO, RAFAEL
STREET ADDRESS 5249 N.W. 7 STREET APT. 300
CITY-ST-ZIP MIAMI FL 33126

TITLE PD
NAME SELA, ORLANDO
STREET ADDRESS 1950 WEST 54 STREET APT 120
CITY-ST-ZIP HIALEAH FL 33012

TITLE VD
NAME VILLAYERDE, MANOLO
STREET ADDRESS 6261 SW 27 STREET
CITY-ST-ZIP MIAMI FL 33155

TITLE VD
NAME ALBERTO PEREZ
STREET ADDRESS 13600 SE 99TH ST.
CITY-ST-ZIP MIAMI FL 33186

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 (1/98)