2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 12, 2004 8:00 am **Secretary of State** DOCUMENT # N96000004101 1. Entity Name 02-12-2004 90025 041 \*\*\*\*61.25 FUNDACION MANUEL ARTIME CORP. Principal Place of Business Mailing Address 8230 N.W. 163 ST. MIAMI LAKES FL 33016-6153 8230 N.W. 163 ST. MIAMI LAKES FL 33016-6153 ロエロひひゃみひ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FFI Number 65-0769053 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARRIZURIETA, LUIS Street Address (P.O. Box Number is Not Acceptable) 8230 N.W. 163 ST. MIAMI LAKES FL 33016-6153 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 / 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITS F ☐ Delete TITLE ☐ Chance ☐ Addition ARTIME, ADELAIDA NAME NAME 1581 BRICKELL AVE APT PH 201 STREET ADDRESS STREET ADDRESS MIAMI FL 33129 CITY-ST-ZIP CITY-ST-ZIP VED Delete TITLE ☐ Change ☐ Addition MESSER, NILO J NAME 7801 SW 29 TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP SD ☐ Addition ☐ Delete Change ARRIZURIETA, LUIS NAME NAME 8230 NW 163 ST STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33016-6153 CITY-ST-ZIP CITY-ST-7IP DD F Delete ☐ Change Addition TIT) F ARIAS, SARA NAME NAME 14612 SW 45 TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE Change Rodriguez Fabra I. 215 NE. 114 Street ARRIZURRIETA, LUIS NAME NAME 8230 SW 163 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33016 Mizmi F/2. 33161 CITY-ST-ZIP CITY-ST-ZIP TITLE Rafall Garcia Tolego 9130 SW. 134th. Pace ☐ Change X Addition ☐ Delete TITLE BLANCO, PEDRO NAME NAME 14360 SW 192 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33177 Miami Fla. 33186-1534 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

Luis Arrizoriet February 7th. 2004 (305) 832 5593
ER OR DIRECTOR Date Dayline Phone #

FILED