

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004493 (0)

1. Corporation Name

THE INTER-AMERICAN CENTER FOR HUMAN RIGHTS, INC.

Principal Place of Business

Mailing Address

C/O JAMES WILETS
3605 SW 37TH AVENUE
MIAMI FL 33133

C/O JAMES WILETS
3605 SW 37TH AVENUE
MIAMI FL 33133

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent
WILETS, JAMES D
3605 SW 37TH AVENUE
MIAMI FL 33133

3. Date Incorporated or Qualified

08/28/1996

4. FEI Number

65-0728851

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

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

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
NAME ADAMS, WILLIAM E JR
STREET ADDRESS 3305 COLLEGE AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33314 ☐ DELETE

TITLE DVC
NAME DONOHO, DOUGLAS L
STREET ADDRESS 3305 COLLEGE AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33314 ☐ DELETE

TITLE DC
NAME LITTLE, CHERYL A ESQ
STREET ADDRESS 3000 BISCAYNE BLVD. 4TH FLOOR
CITY-ST-ZIP MIAMI FL 33137 ☐ DELETE

TITLE DS
NAME SOHNABLY, STEPHEN
STREET ADDRESS 1311 MILLER DRIVE
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ DELETE

TITLE D
NAME STOTZKY, IRWIN P
STREET ADDRESS 1311 MILLER DRIVE
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ DELETE

TITLE D
NAME WIESSNER, SIEGFRIED
STREET ADDRESS 16400 NW 32ND AVENUE
CITY-ST-ZIP MIAMI FL 33054 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME BARBARA BRODMAN ☐ Change ☒ Addition
1.3 STREET ADDRESS 3301 COLLEGE AVE.
1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33314

2.1 TITLE D
2.2 NAME ESTHER E. CRUZ ☐ Change ☒ Addition
2.3 STREET ADDRESS 3000 BISCAYNE BLVD., 4th FLR
2.4 CITY-ST-ZIP MIAMI, FL 33137

3.1 TITLE DT
3.2 NAME ELIZABETH IGLESIAS ☐ Change ☒ Addition
3.3 STREET ADDRESS 1311 MILLER DRIVE
3.4 CITY-ST-ZIP CORAL GABLES, FL 33146

4.1 TITLE D
4.2 NAME PAUL JOSEPH ☐ Change ☒ Addition
4.3 STREET ADDRESS 3305 COLLEGE AVE.
4.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33314

5.1 TITLE JAMES WILET M
5.2 NAME JAMES WILETS ☐ Change ☒ Addition
5.3 STREET ADDRESS 3305 COLLEGE AVE
5.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33314

6.1 TITLE D
6.2 NAME OMAR SALEEM ☐ Change ☐ Addition
6.3 STREET ADDRESS 16400 NW 32ND AVE.
6.4 CITY-ST-ZIP MIAMI, FL 33054

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/98

Date

(954) 262-6017

Daytime Phone #

CR2E037 (5/98)

FILED
Jul 08 1998 8:00am
Secretary of State

