Applied For

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600004560

1. Corporation Name

NICARAGUAN AMERICAN BAR ASSOCIATION, INC.

Principal Place of Business 1925 PONCE DE LEON BLVD CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

1925 PONCE DE LEON BLVD **CORAL GABLES FL 33134**

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90192 003 ****61.25



3. Date Incorporated or Qualifed -

NOT APPLICABLE

09/03/1996

4. FEI Number

Zip	City & State						5. Certificate of	Status Desired		\$8.75 Additional	
25 29 30 30 Trust Fund Contribution Added to Fees	23							<u> </u>		Fee Required	
9. Name and Address of Current Registered Agent HUNNEFELD, HENRY J 192S PONCE DE LEON BLVD CORAL GABLES FI. 33134: 81	<u> </u>				ntry			. •			
HUNNEFELD, HENRY J 1925 PONCE DE LEON BLVD CORAL GABLES FL 33134 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the adversariant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the development of Corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations by Section 617,0502, Florida Statutes, the development of the provisions of Sections 617,0502, Florida Statutes, the development of the provisions of Change is registered agent. I am familiar with, and accept the obligations by Section 617,0502, Florida Statutes, the development of the provisions board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations by Section 617,0502, Florida Statutes, the development of the provisions of Sections 617,0502, Florida Statutes, the development of the provisions of Sections 617,0502, Florida Statutes, the development of the provisions of Sections 617,0502, Florida Statutes, the development of the provisions of Sections 617,0502, Florida Statutes, the development of the provisions of Sections 617,0502, Florida Statutes, the development of the provisions of Sections 617,0502, Florida Statutes, the development of the provisions of Sections 617,0502, Florida Statutes, the development of the provisions of Sections 617,0502, Florida Statutes, the provisions of Sections 617,050							- I				Fees
HUNNEFELD, HENRY J 1925 PONCE DE LEON BLVD CORAL GABLES FL 33134 B4 City FL B5 Zip Code 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 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, or both, in the State of Florida. Statutes agent. I am familiar with, and accept the obligations of Sections 617,0502, Florida Statutes SIGNATURE SIGNAT		9. Name and Address of Current I	Registered Agent		94		10. Name and	Address of New I	cegistereo	Agent	
19.25 PONCE DE LEON BLVD CORAL GABLES FL 33134 B4 CRY FL B5 ZIP Code T1. Piremaint to the provisions of Section's 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In an familiar with, and accept the obligations of Section's 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE T12. OFFICIENTS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. NAME HUNNEFELD, ANGELIKA TITLE D D DELETE 11. TITLE D Change Addition NAME HUNNEFELD, ANGELIKA STREET ADDRESS CITY-ST-ZIP D DELETE 1.1 TITLE D Change Addition HULEPRANDT, CARMEN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP D DELETE 1.1 TITLE D Change Addition HUNNEFELD, HENRY J 3.3 STREET ADDRESS CITY-ST-ZIP D DELETE 1.1 TITLE D Change Addition HUNNEFELD, HENRY J 3.3 STREET ADDRESS CITY-ST-ZIP D DELETE 1.1 TITLE D Change Addition ANAE ASTREET ADDRESS CITY-ST-ZIP D DELETE 1.1 TITLE D Change Addition ANAE ASTREET ADDRESS CITY-ST-ZIP D DELETE 1.1 TITLE D Change Addition ANAE ASTREET ADDRESS CITY-ST-ZIP TITLE D CHANGE ASTREET ADDRESS CITY-ST-ZIP D DELETE 1.1 TITLE D Change Addition ASTREET ADDRESS CITY-ST-ZIP TITLE D CHANGE ASTREET ADDRESS CITY-ST-ZIP TITLE D CHANGE STREET ADDRESS CITY-ST-ZIP TITLE D CHANGE Addition Change Addition Addition Change CHANGE				Ì	81	Name					
CORAL GABLES FI. 33134: 83	1925 PONCE DE LEON BLVD					Street Addr	reet Address (P.O. Box Number is Not Acceptable)				
TI. 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the popointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the popointment as registered agent, and accept the obligations of Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D D DELETE 11. TITLE D D DELETE 11. TITLE D D DELETE 11. TITLE D D DELETE 12. TITLE D D DELETE 13. TITLE D Change Addition TITLE D D DELETE 13. TITLE D Change Addition COPY.ST.2P TITLE D DELETE 14. TITLE D Change Addition AND TITLE D DELETE 15. TITLE D Change Addition AND TITLE D Change Addition TITLE D DELETE 15. TITLE D Change Addition AND TITLE D Change Addition AND TITLE D Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addition AND TITLE D Change Addition AND TITLE D Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addition AND TITLE D Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addition AND TITLE D Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN										·	
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Significative, System printed name of registrating agent fact date if appointment and in its appointment and in its appointment and its appointm		. 6.7						•	4/2/	199	
D	SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (N	OTE: Registered	Agent	signature require					
NAME	12.	OFFICER'S AND				·····	ADDITIONS/	CHANGES TO OF	FICERS A		
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TITLE	STREET ADDRESS	REET ADDRESS 1925 PONCE DE LEON BLVD				NODRESS					
NAME	CITY-ST-ZIP	CORAL GABLES FL 33134			1.4 CITY-ST-ZIP					···	
STREET ADDRESS CITY-ST-ZIP	TITLE	D DELETE			2.1 TITLE					Change	Addition
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TITLE D DELETE 3.1 TITLE	CITY-ST-ZIP	MIAMI FL 33175		2. 4 Cl	TY-ST-	-ZIP					
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Addition	NAME			4. 2 N	ME	Ì					
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CITY-ST-ZIP 6.4 CITY-ST-ZIP				6.4 CIT	Y-ST-	ZIP					

14. I hereby certify that the information supplied with this filling 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 suppliemental 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

SIGNATURE: