2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # N9600005889 May 05, 2000 8:00 am 1. Entity Name Secretary of State AMERICAN FOUNDATION FOR THE DEVELOPMENT OF NICAR 05-05-2000 90036 012 ****61.25 Principal Place of Business Mailing Address C/O MARTINEZ. GUTIERREZ. DE CORDOBA. C/O MARTINEZ, GUTIERREZ, DE CORDOBA. 601 BRICKELL KEY DRIVE. SUITE 501 601 BRICKELL KEY DRIVE. SUITE 501 MIAMI FL 33131-2652 MIAMI FL 33131-2651 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0725060 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **GUTIERREZ, RENALDY J** 601 BRICKELL KEY DRIVE SUITE 501 City Zip Code FI MIAMI FL 33131-2651 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 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Addition ☐ Change ☐ Delete TITLE TITLE MONTENEGRO, HELIO NAME NAME STREET ADDRESS C/O 601 BRICKELL KEY DRIVE, SUITE 601 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-2651 ☐ Addition Change ☐ Delete TITLE TITLE MAYORGA, RENE N NAME NAME STREET ADDRESS C/O 601 BRICKELL KEY DR STE 501 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 2 ☐ Delete Change Addition **VPD** TITLE MONTENEGRO, SAMUEL E NAME NAME STREET ADDRESS C/O 601 BRICKELL KEY DRIVE, SUITE 601 STREET ADDRESS CITY-ST-782 CITY-ST-ZIP MIAMI FL 33131-2651 Change ☐ Addition ☐ Delete TITLE TITLE MAYORGA, RENE N NAME NAME STREET ADDRESS STREET ADDRESS C/O 601 BRICKELL KEY DRIVE, SUITE 601 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-2651 Change ☐ Addition TITLE ☐ Delete TITLE **GUTIERREZ, RENALDY J** NAME STREET ADDRESS STREET ADDRESS C/O 601 BRICKELL KEY DRIVE, SUITE 601 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33131-2651 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 of 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.

TWG/ NR FRENaldy J. Gutierrez 4/25/2000 (305)577-450