

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

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1. Corporation Name

THE VICTOR I. LOPEZ FOUNDATION FOR THE BADEN POW
ELL HOUSE IN MIAMI, INC.

Principal Place of Business

2019 S.W. 16 STREET
MIAMI FL 33145

Mailing Address

2019 S.W. 16 STREET
MIAMI FL 33145



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/09/1997

4. FEI Number

65-0731352

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

LOPEZ, VICTOR I
2019 S.W. 16 STREET
MIAMI FL 33145

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 S ☐ DELETE

NAME VAZQUEZ, LEOPOLDO
STREET ADDRESS 2140 S.W. 9 STREET
CITY-ST-ZIP MIAMI FL 33135

TITLE V ☐ DELETE

NAME GARCES, VIVIAN
STREET ADDRESS 1411 MILAN AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE PC ☐ DELETE

NAME LOPEZ, VICTOR IVAN
STREET ADDRESS 2019 S.W. 16 STREET
CITY-ST-ZIP MIAMI FL 33145

TITLE T ☐ DELETE

NAME LOPEZ, CATHERINE
STREET ADDRESS 2019 SW 16 STREET
CITY-ST-ZIP MIAMI FL 33145

TITLE D ☐ DELETE

NAME HERNANDEZ, ANTONIO M.
STREET ADDRESS 9292 JARMAN LN, SUITE 1123
CITY-ST-ZIP NEW PORT RICHEY FL 34668

TITLE D ☐ DELETE

NAME DOMINGUEZ, MARIANO
STREET ADDRESS 6450 SW 135 AVE
CITY-ST-ZIP MIAMI FL 33183

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

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT
BADEN POWELL LLC, INC.

Date

Daytime Phone #

CR2E037 (11/98)

3/4/99 (305) 858-7481