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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000658 (1)**

1. Corporation Name

ARRIBA LA VIDA/UP WITH LIFE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**1111 LINCOLN ROAD
SUITE 500
MIAMI BEACH FL 33139**

**1111 LINCOLN ROAD
SUITE 500
MIAMI BEACH FL 33139**



3. Date Incorporated or Qualified

02/03/1997

4. FEI Number

65-0724678

Applied For

Not Applicable

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FEUERMAN, JONATHAN ESQ
1111 LINCOLN ROAD
SUITE 500
MIAMI BEACH FL 33139**

81 Name **Feuerman, Jonathan, Esq**

82 Street Address (P.O. Box Number is Not Acceptable)
SUNTRUST INTERNATIONAL CENTER

83 **ONE S.E. 3RD AVE., SUITE 2400**

84 City **MIAMI** **FL** **85** Zip Code **33131**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **SARALEGUI, CRISTINA**
STREET ADDRESS **1111 LINCOLN RD, STE 500** **64 Palm Ave**
CITY - ST - ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ DELETE
NAME **AVILA, JUAN MARCOS**
STREET ADDRESS **1111 LINCOLN RD, STE 500** **611 Palm Ave**
CITY - ST - ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ DELETE
NAME **FERNANDEZ, ALEX**
STREET ADDRESS **1111 LINCOLN RD, STE 500**
CITY - ST - ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/98 **305-5389-74**
Date Daytime Phone # 000/000

CR2E037 (10/97)