

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90200 001 ***210.00

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1. Entity Name
**INTER-AMERICAN ADVENTIST THEOLOGICAL
SEMINARY, INC.**



Principal Place of Business
**8100 SW 117TH AVENUE
MIAMI, FL 33183-4827 US**

Mailing Address
**PO BOX 830518
MIAMI, FL 33283-0518 US**

66002319



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082006

Chg-NP

CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VERDUZCO, FILIBERTO
716 BOABADILLA STREET
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name **FILIBERTO M. VERDUZCO**

Street Address (P.O. Box Number is Not Acceptable)

8151 SW 117 PATH

City **MIAMI, FLORIDA**

FL

Zip Code
33183

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **LEITO, ISRAEL**
STREET ADDRESS **8100 SW 117TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 331834827**

TITLE **PD** ☒ Change ☐ Addition
NAME **ISRAEL LEITO**
STREET ADDRESS **8101 SW 117 PATH**
CITY-ST-ZIP **MIAMI, FLORIDA 33183**

TITLE **D** ☐ Delete
NAME **PERLA, JUAN**
STREET ADDRESS **7400 SW 107TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE **SD** ☒ Change ☐ Addition
NAME **JUAN O. PERLA**
STREET ADDRESS **8152 SW 117 PATH**
CITY-ST-ZIP **MIAMI, FLORIDA 33183**

TITLE **D** ☐ Delete
NAME **VERDUZCO, FILIBERTO**
STREET ADDRESS **716 BOABADILLA STREET**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **TD** ☒ Change ☐ Addition
NAME **FILIBERTO M. VERDUZCO**
STREET ADDRESS **8151 SW 117 PATH**
CITY-ST-ZIP **MIAMI, FLORIDA 33183**

TITLE **D** ☐ Delete
NAME **CASTREJON, JAIME**
STREET ADDRESS **8100 SW 117TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 331834827**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or 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.

SIGNATURE:

Juan O. Perla

JUAN O. PERLA

02/08/2006

305-403-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #