


FILE NOW: FILING FEE IS \$61.25

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Apr 06 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 # **N97000002402 (2)**

1. Corporation Name

PROGRAMA BOLIVAR - U.S. NATIONAL LIAISON OFFICE, INC.



Principal Place of Business 1390 BRICKELL AVENUE SUITE 210 MIAMI FL 33131		Mailing Address 1390 BRICKELL AVENUE SUITE 210 MIAMI FL 33131		3. Date Incorporated or Qualified 04/23/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0660273	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip		25 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACCULLOUGH, KARA L
5300 FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD.
MIAMI FL 33131-2339**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARSKY, HUGO	1.2 NAME	VARSKY, HUGO
STREET ADDRESS	AV. FRANCISCO DE MIRANDA PARQUE CRISTAL	1.3 STREET ADDRESS	AV. FRANCISCO DE MIRANDA, PARQUE CRISTAL
CITY-ST-ZIP	CARACAS, VENEZUELA	1.4 CITY-ST-ZIP	CARACAS, VENEZUELA
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTANA, MERCEDES	2.2 NAME	OSCAR FLOREBAU
STREET ADDRESS	AV. FRANCISCO DE MIRANDA PARQUE CRISTAL	2.3 STREET ADDRESS	AV. FRANCISCO DE MIRANDA, PARQUE CRISTAL
CITY-ST-ZIP	CARACAS, VENEZUELA	2.4 CITY-ST-ZIP	CARACAS, VENEZUELA
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOROWITZ, JEANNINE	3.2 NAME	HARVEY WALLAUER
STREET ADDRESS	1390 BRICKELL AVENUE STE 220	3.3 STREET ADDRESS	4420 WESTOVER PLACE N.W.
CITY-ST-ZIP	MIAMI FL 33131-3324	3.4 CITY-ST-ZIP	WASHINGTON, D.C. 20016
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	JOSEFINA DE PAREDES
STREET ADDRESS		4.3 STREET ADDRESS	1390 BRICKELL AVENUE, SUITE 210
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33131-3324
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	RICARDO EUTHELMAN
STREET ADDRESS		5.3 STREET ADDRESS	AV. GUYATA FE 1613 PISO 3
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CAPITAL FEDERAL, 1060. ARGENTINA
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Josefina de Paredes **JOSEFINA DE PAREDES** 06/12/98 (205) 371-3394

CR25037 (10/97)