

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
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90060 041 ****61.25

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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



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

04/23/1996

4. FEI Number

65-0660273

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

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

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 ☐ DELETE

NAME **PD**
STREET ADDRESS **VARSKY, HUGO**
CITY-ST-ZIP **AV. FRANCISCO DE MIRANDA PARQUE CRISTAL**
CARACAS, VENEZUELA

TITLE ☐ DELETE

NAME **SD**
STREET ADDRESS **FLOREANI, OSCAR**
CITY-ST-ZIP **AV FRANCISCO DE MIRANDA PARQUE CRISTAL**
CARACAS VE

TITLE ☐ DELETE

NAME **TD**
STREET ADDRESS **WALANDER, HARVEY**
CITY-ST-ZIP **4430 WESTOVER PLACE NW**
WASHINGTON DC 20076

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **DE PAREDES**
CITY-ST-ZIP **1390 BRICKELL AVE STE 210**
MIAMI FL 33131-3324

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **ENTHELMAN, RICARDO**
CITY-ST-ZIP **N SANTA FE 1613 PISO 3**
CAPITAL FED 10

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **AV. PEDRO DE VALDIVIA 0193-**
1.4 CITY-ST-ZIP **PISO 10, SANTIAGO DE**
CHILE, CHILE

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **AV. LIBERTADOR C/ CALLE EL RETIRO,**
2.4 CITY-ST-ZIP **PISO 1, EL ROSAL, EDIFICIO**
BANCO DE VENEZUELA, CARACAS.

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 change, or on an attachment, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/99

HUGO VARSKY, PRESIDENTE (305) 371-3394

Date

Daytime Phone #

CR2E037 (1/98)