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May 20 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 # **N97000004535 (7)**

1. Corporation Name

FUNDACION DARIO-MARTI, INC.

Principal Place of Business

Mailing Address

**4955 SW 111TH AVENUE
MIAMI FL 33165**

**4955 SW 111TH AVENUE
MIAMI FL 33165**

3. Date Incorporated or Qualified

08/11/1997

4. FEI Number

1650785274

Applied For

Not Applicable

2. Principal Place of Business

21 1414 NW 107 AVE.

2a. Mailing Address

26 1414 NW 107 AVE.

Suite, Apt. #, etc.

22 #115

Suite, Apt. #, etc.

27 #115

City & State

23 MIAMI, FL.

City & State

28 MIAMI, FL.

Zip

24 33172

Country

25 USA

Zip

29 33172

Country

30 USA

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MARTINEZ, LUIS
4955 SW 111TH AVENUE
MIAMI FL 33165**

10. Name and Address of New Registered Agent

81 Name

SALVADOR MARTINEZ

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

1414 NW 107 AVENUE

83

#115

84 City

MIAMI

FL

85 Zip Code

33172

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)

2-11-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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

P D MOLINA, ARMANDO

1.3 STREET ADDRESS

14805 SW 97 TERRACE

1.4 CITY-ST-ZIP

MIAMI, FLORIDA 33196

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

V D MARTINEZ, LUIS

2.3 STREET ADDRESS

4955 SW 111 AVENUE

2.4 CITY-ST-ZIP

MIAMI, FLORIDA 33165

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

S D ICAZA, MARIANO

3.3 STREET ADDRESS

1001 SW 128 AV MIAMI FL. 33182

3.4 CITY-ST-ZIP

MIAMI, FLORIDA 33182

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

T D SAENZ, ADOLFO

4.3 STREET ADDRESS

5853 SW 5 Street

4.4 CITY-ST-ZIP

MIAMI, FLORIDA 33144

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

Luis Martinez

2-11-98

463-0804

CR2E037 (10/97)