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**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90128 024 \*\*\*\*61.25

0035261

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000005012**

1. Corporation Name

**NICARAGUA STUDY GROUP, INC.**

Principal Place of Business

11817 S.W. 11TH STREET  
MIAMI FL 33184

Mailing Address

11817 S.W. 11TH STREET  
MIAMI FL 33184



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/05/1997

4. FEI Number

65-0784677

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

**RODRIGUEZ, ERICK**  
**11817 S.W. 11TH STREET**  
**MIAMI FL 33184**

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 **DP** ☐ DELETE  
NAME **WEST, NEAL B**  
STREET ADDRESS **11805 SILENT VALLEY LN**  
CITY-STATE-ZIP **N POTOMAC MD 20878**

TITLE **DVP** ☐ DELETE  
NAME **ANGEVINE, DAVID W**  
STREET ADDRESS **107 WINEBERRY DR**  
CITY-STATE-ZIP **WINCHESTER VA 22603**

TITLE **ST** ☐ DELETE  
NAME **RODRIGUEZ, ERICK**  
STREET ADDRESS **11817 SW 11 ST**  
CITY-STATE-ZIP **MIAMI FL 33184**

TITLE **D** ☐ DELETE  
NAME **OTTENHEIMER, KURT**  
STREET ADDRESS **462 W WALNUT ST**  
CITY-STATE-ZIP **LONG BEACH NY 11561**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, with a letter like empowered.

SIGNATURE:

**ERICK RODRIGUEZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/99 305-226-9967

Date

Daytime Phone #

CR2E037 (1/98)