

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90119 021 ***150.00

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DOCUMENT # N98000001311

1. Corporation Name

UNIDAD PATRIOTICA NICARAGUENSE (UPANIC) FUNDACIO
N PRO-AYUDA "VICTIMAS DE COMUNISMO", CORP.

Principal Place of Business

27 NW 13 AVE
MIAMI FL 33125

Mailing Address

27 NW 13 AVE
MIAMI FL 33125

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

VANEGAS, LUIS
27 NW 13 AVE
MIAMI FL 33125

3. Date Incorporated or Qualified

03/05/1998

4. FEI Number

65-0835886

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

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 607.0502 and 607.1508, 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 607.0505, 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 PD ☐ DELETE

NAME VANEGAS, LUIS
STREET ADDRESS 2295 SW 64 AVE
CITY-ST-ZIP MIAMI FL 33155

TITLE VD ☐ DELETE

NAME CAJINA, JORGE
STREET ADDRESS 20 SW 97 AVE #6
CITY-ST-ZIP MIAMI FL 33144

TITLE SD ☐ DELETE

NAME RODRIGUEZ, MARVIN
STREET ADDRESS 9040 SW 97 AVE #6
CITY-ST-ZIP MIAMI FL 33176

TITLE TD ☐ DELETE

NAME MOLINA, ORLANDO
STREET ADDRESS 2550 NW 13 ST STE 325
CITY-ST-ZIP MIAMI FL 33125

TITLE D ☐ DELETE

NAME BOHENENBLUST, HEBERT
STREET ADDRESS 537 SW 10 STREET STE C
CITY-ST-ZIP MIAMI FL 33130

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Orlando Molina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-99

305-6490427

Date

Daytime Phone #

CR2E034 (11/98)