

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  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90032 009 \*\*\*\*61.25

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1. Corporation Name

FUNDANINA'S FOUNDATION, INC.

Principal Place of Business

601 BRICKELL KEY DRIVE SUITE 705  
MIAMI FL 33131

Mailing Address

601 BRICKELL KEY DRIVE SUITE 705  
MIAMI FL 33131

487346 - 90032 - 9



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/08/1998

4. FEI Number

65-0826617

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

DE LA PENA, VILLANUEVA & BAJANDAS, LLP  
601 BRICKELL KEY DRIVE SUITE 705  
MIAMI FL 33131

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  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
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 D ☐ Change ☒ Addition  
1.2 NAME ISABEL GUTIERREZ DE BOSCH  
1.3 STREET ADDRESS 601 BRICKELL KEY DRIVE, SUITE 705  
1.4 CITY-ST-ZIP MIAMI, FL 33131

2.1 TITLE S/D ☐ Change ☒ Addition  
2.2 NAME ISABEL LIZARRALDE DE JAAR  
2.3 STREET ADDRESS 601 BRICKELL KEY DRIVE, SUITE 705  
2.4 CITY-ST-ZIP MIAMI, FL 33131

3.1 TITLE S ☐ Change ☒ Addition  
3.2 NAME RICARDO BAJANDAS  
3.3 STREET ADDRESS 601 BRICKELL KEY DRIVE, SUITE 705  
3.4 CITY-ST-ZIP MIAMI, FL 33131

4.1 TITLE P/D ☐ Change ☒ Addition  
4.2 NAME LEONCIO DE LA PENA  
4.3 STREET ADDRESS 601 BRICKELL KEY DRIVE, SUITE 705  
4.4 CITY-ST-ZIP MIAMI, FL 33131

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

(305) 377-0809

Date

Daytime Phone #

CR2E037 (1/98)