

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90003 023 ****61.25

DOCUMENT # N98000003101

1. Entity Name
VENEZUELAN AMERICAN NATIONAL FOUNDATION, INC.



Principal Place of Business
**18344 NW 68 AVENUE, "E"
MIAMI, FL 33015**

Mailing Address
**18344 NW 68 AVENUE, "E"
MIAMI, FL 33015**

54057328



2. Principal Place of Business
11950 SW 25 Terrace

3. Mailing Address
11950 SW 25 Terrace

Suite, Apt. #, etc. /

Suite, Apt. #, etc.

06042004 Chg-NP CR2E037 (10/03)

City & State
MIAMI, FL 33175-2406

City & State
MIAMI, FL 33175-2406

4. FEI Number
65-0839357

Applied For
Not Applicable

Zip Country
33175-2406 E.U.A

Zip Country
33175-2406 E.U.A

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADRIANZA, RAFAEL
18344 NW 68 AVENUE, "E"
MIAMI, FL 33015**

Name
José E. Gómez

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

11950 SW 25 Terrace

City
MIAMI

FL Zip Code
33175

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

José E. Gómez

June 11, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **ADRIANZA, RAFAEL**
STREET ADDRESS **18344 NW 68 AVE APT E**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE ☒ Change ☐ Addition
NAME **Raúl López-Perez**
STREET ADDRESS **10773 NW 58 ST #124**
CITY-ST-ZIP **Miami, FL 33178**

TITLE **D** ☒ Delete
NAME **FERNANDEZ, ENRIQUE**
STREET ADDRESS **4158 SAPHIRE TERRACE**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE ☒ Change ☐ Addition
NAME **Dr. Luis R. Romero**
STREET ADDRESS **3990 W. Flagler #203**
CITY-ST-ZIP **Miami, FL 33134**

TITLE **D** ☒ Delete
NAME **MARISABEL, SANTANA**
STREET ADDRESS **2418 POLK STREET 105**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE ☒ Change ☐ Addition
NAME **José E. Gómez**
STREET ADDRESS **11950 SW 25 Terrace**
CITY-ST-ZIP **Miami, FL 33175**

TITLE **VPD** ☒ Delete
NAME **SUAREZ, CARLOS**
STREET ADDRESS **807 S ROYAL POINCIANA BLVD #201**
CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Treasury & Secretary

June 11, 2004 (305) 221-9357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #