

# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N98000003101

1. Entity Name  
VENEZUELAN AMERICAN NATIONAL FOUNDATION, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 AUG 03 PM 3:03

Principal Place of Business  
11950 SW 25 TERRACE  
MIAMI, FL 33175

Mailing Address  
11950 SW 25 TERRACE  
MIAMI, FL 33175

2. Principal Place of Business  
12136 ST. ANDREWS  
Place #206

3. Mailing Address  
12136 ST. ANDREWS  
Place #206

Suite, Apt. #, etc.  
City & State  
MIRAMAR - FLA

Suite, Apt. #, etc.  
City & State  
MIRAMAR - FLA

Zip  
33025

Zip  
33025



66252004 Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0839357

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
GOMEZ, JOSE E  
11950 SW 25 TERRACE  
MIAMI, FL 33175

7. Name and Address of New Registered Agent  
Name RAFAEL ADRIANZA  
Street Address 12136 ST. ANDREWS PLACE  
#206  
City MIRAMAR FL 33025

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: RAFAEL ADRIANZA 07/28/04  
(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25  
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		
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LÓPEZ-PEREZ, RAÚL	
STREET ADDRESS	10773 NW 58 ST #124	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROMERO, LUIS R	
STREET ADDRESS	3990 W. FLAGLER #203	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOMEZ, JOSE E	
STREET ADDRESS	11950 SW 25 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAFAEL ADRIANZA	
STREET ADDRESS	12136 ST. ANDREWS PLACE #206	
CITY-ST-ZIP	MIRAMAR - FLA - 33025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLOS SUREZ	
STREET ADDRESS	809 S. POINCIANA #205	
CITY-ST-ZIP	MIAMI SPRING - FLA - 33166	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENRIQUE FERNANDEZ	
STREET ADDRESS	4558 TSAPHIRE TERR	
CITY-ST-ZIP	WESTON - FLA - 33331	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600040251636	
STREET ADDRESS	08/17/04--01059--019 **61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: RAFAEL ADRIANZA 07/28/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #