

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000007160

1. Entity Name
CNC FOUNDATION, INC.



06 OCT 17 AM 8:33

Principal Place of Business
1223 S.W. FOURTH STREET
MIAMI, FL 33135-2407

Mailing Address
1223 S.W. FOURTH STREET
MIAMI, FL 33135-2407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT (1/05)

4. FEI Number
63-0969496

Applied For
Not Applicable

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

DIAZ, GUARIONE M
1223 S.W. FOURTH STREET
MIAMI, FL 33135-2407

Name

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

City

FL

Zip Code

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

Guarione M. Diaz
(NOTE: Registered Agent signature required when reinstating)

10/10/06
DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☐ Delete
NAME GALAN, JUAN A JR.
STREET ADDRESS 355 COCOPLUM ROAD
CITY-ST-ZIP MIAMI, FL 33143

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 000080925120
CITY-ST-ZIP 10/17/06--01042--017 **245.00

TITLE VATD ☐ Delete
NAME PAZOS, ANDRES
STREET ADDRESS 1223 S.W. FOURTH STREET
CITY-ST-ZIP MIAMI, FL 33135

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

TITLE TD ☐ Delete
NAME RODRIGUEZ, ANGEL R
STREET ADDRESS 4961 S.W. 74TH COURT
CITY-ST-ZIP MIAMI, FL 33155

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

TITLE PD ☐ Delete
NAME DIAZ, GUARIONE M
STREET ADDRESS 1223 SW 4TH STREET
CITY-ST-ZIP MIAMI, FL 33135

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

TITLE D ☐ Delete
NAME DE GOYTISOLO, AGUSTIN JR
STREET ADDRESS 1550 MADRUQA AVE, SUITE 403
CITY-ST-ZIP CORAL GABLES, FL 33146

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

TITLE D ☐ Delete
NAME GALAN RICARDO, MARTA
STREET ADDRESS 129 E 82ND ST APT 5-A
CITY-ST-ZIP NEW YORK, NY 10128

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Guarione M. Diaz 10/10/06 (305)6423484 x101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

