

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26284

**FILED**  
**Jan 14, 2015**  
**Secretary of State**  
**CC5382175697**

**Entity Name:** JOSE MARTI SCHOLARSHIP FOUNDATION (BECAS JOSE MARTI), INC.

**Current Principal Place of Business:**

1118 SOUTH GREENWAY DRIVE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1118 SOUTH GREENWAY DRIVE  
CORAL GABLES, FL 33134 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BADIA, ARNHILDA  
1118 SOUTH GREENWAY DRIVE  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BADIA, ARNHILDA  
Address 1118 SOUTH GREENWAY DRIVE  
City-State-Zip: CORAL GABLES, FL FL 33134

Title VD  
Name ORTEGA, JOSE JR.  
Address 2000 NW 92ND AVE  
City-State-Zip: MIAMI FL

Title TD  
Name FERRER, ELISEO  
Address 175 FONTANBLEAU BLVD. #2E  
City-State-Zip: MIAMI FL 33126

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ARNHILDA BADIA**

**PRESIDENT**

**01/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date