

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707532 (8)
1. Corporation Name

ACADEMY OF ARTS AND SCIENCES OF THE AMERICAS, INC.



Principal Place of Business: 9450 OLD CUTLER ROAD MIAMI FL 33156 US
Mailing Address: 9450 OLD CUTLER ROAD THE GATE HOUSE MIAMI FL 33156 US

3. Date Incorporated or Qualified: 07/06/1964
3a. Date of Last Report: 06/01/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-6167628
Applied For: Not Applicable:

Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27

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

City & State: 23
City & State: 27

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24 Country: 25 Zip: 29 Country: 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KROHNGOLD, ROBERT CPA
2801 PONCE DE LEON BLVD
CORAL GABLES FL 33134

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: *Robert Krohngold* DATE: 4/18/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	FIELD, JULIA ALLEN	9450 OLD CUTLER ROAD MIAMI FL	<input type="checkbox"/> DELETE
TITLE	VD	MILLAS, ROLANDO	3280 S MIAMI AVE MIAMI FL	<input type="checkbox"/> DELETE
TITLE	S	PENA, DORA GARCIA	8901 SW 64TH COURT MIAMI, FL 00000	<input type="checkbox"/> DELETE
TITLE	T	FRISWELL, ROSE M	13983 SW 46 TERR MIAMI, FL 00000	<input type="checkbox"/> DELETE
TITLE	D	VEZIROGLU, NEJAT	1251 MEMORIAL DR. MIAMI FL	<input type="checkbox"/> DELETE

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 a registered 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 of this form, or on a separate statement with an address.

SIGNATURE: *Julia Allen Field* DATE: April 3, 1996 DAYTIME PHONE: 305-663-9897

CR2E037 (12/95)