


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90001 043 \*\*\*\*70.00

**DOCUMENT # 707532**

1. Entity 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
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**54070901**

**DO NOT WRITE IN THIS SPACE**



05262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6167628	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KROHNGOLD, ROBERT CPA  
 ATTN ACADEMY OF ARTS & SCICES OF THE AMER  
 9450 OLD CUTLER RD  
 MIAMI, FL 33156

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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: ROBERT KROHNGOLD, CPA CONTINUES SERVING 8/23/2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Due by September 8, 2004** Trust Fund Contribution.  **05.00** may be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIELD, JULIA ALLEN 9450 OLD CUTLER ROAD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLAS, ROLANDO J JR 1206 FERDINAND ST CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PENA, DORA GARCIA 8901 SW 64TH COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUNNINGHAM, FAY 2690 SW 22 AVE COCONUT GROVE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,Home address VEZIROGLU, NEJAT <del>1251-MEMORIAL DR.</del> 4910 Biltmore Dr. MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUniversity of Miami VEZIROGLU, NEJAT DR PO BOX 248294 CORAL GABLES, FL 33124

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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, or other like empowers.

SIGNATURE: Julia Allen Field August 23, 2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Attachment

54070901

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 26, 2004

ACADEMY OF ARTS AND SCIENCES OF THE AMERICAS, INC.  
9450 OLD CUTLER ROAD  
THE GATE HOUSE  
MIAMI, FL 33156 US

SUBJECT: ACADEMY OF ARTS AND SCIENCES OF THE AMERICAS, INC.  
Ref. Number: 707532

Upon receipt of your letter and/or check(s) totaling \$61.25, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

An officer or director must sign the report.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell  
Document Specialist

Letter Number: 404A00036776