FILE NOW: FILING FEE IS $61.25

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1997 FEB -7 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **N48399** (2)

1. Corporation Name

AMERICAN WAY FOUNDATION, INC

Principal Place of Business	Mailing Address
15505 BULL RUN RD SUITE 302 MIAMI LAKES FL 33014 US	15505 BULL RUN RD SUITE 302 MIAMI LAKES FL 33014-7004 US

3. Date Incorporated or Qualified: 04/16/1992
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business
21: 8360 Dundee TERR
22: Suite, Apt. #, etc.
23: City & State: Miami Lakes, Fl
24: Zip: 33016
25: Country: USA

2a. Mailing Address
26: 8360 Dundee TERR
27: Suite, Apt. #, etc.
28: City & State: Miami Lakes, Fl
29: Zip: 33016
30: Country: USA

4. FEI Number: 65-0348196 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

RIOTTI, JOVAN JR.
~~15505 BULL RUN ROAD SUITE 302~~
~~SUITE 302~~
~~MIAMI LAKES FL 33014~~

10. Name and Address of New Registered Agent

81 Name: JOVAN RIOTTI JR
82 Street Address (P.O. Box Number is Not Acceptable): 8360 Dundee TERRACE
83:
84 City: Miami Lakes FL 85 Zip Code: 33016

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: [signature] PRESIDENT — 2/5/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	RIOTTI, JOVAN		1.2 NAME	JOVAN RIOTTI JR.	
STREET ADDRESS	~~15505 BULL RUN RD #302~~		1.3 STREET ADDRESS	8360 DUNDEE TERRACE	
CITY-ST-ZIP	~~MIAMI LAKES FL~~		1.4 CITY-ST-ZIP	Miami Lake, Fl 33016	
TITLE	~~VPD~~	☑ DELETE	2.1 TITLE	VPD	☐ Change ☑ Addition
NAME	~~PEREZ, ROBERTO~~		2.2 NAME	GABRIELA HERRERO	
STREET ADDRESS	~~15505 BULL RUN RD #302~~		2.3 STREET ADDRESS	8360 Dundee TERRACE	
CITY-ST-ZIP	~~MIAMI LAKES FL~~		2.4 CITY-ST-ZIP	Miami Lakes Fl 33016	
TITLE	~~D~~	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	~~PEREZ, SAMMY~~		3.2 NAME	ELVIRA RIOTTI	
STREET ADDRESS	~~15505 BULL RUN RD #302~~		3.3 STREET ADDRESS	8360 DUNDEE TERRACE	
CITY-ST-ZIP	~~MIAMI LAKES FL~~		3.4 CITY-ST-ZIP	Miami Lakes, Fl 33016	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	000002081290---5	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	-02/07/97--01024--025	
TITLE		☐ DELETE	5.1 TITLE	*****61.25	☑ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] REQUIRED — 2/5/97 — (305)819-6626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0023170