FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
98 APR 16 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48399**

1. Corporation Name: **AMERICAN WAY FOUNDATION, INC.**
15450 NEW BARN RD.
MIAMI LAKES, FLORIDA 33014

Principal Place of Business	Mailing Address
15450 NEW BARN RD MIAMI LAKES, FL 33014	15450 NEW BARN RD MIAMI LAKES, FL 33014

3. Date Incorporated or Qualified: 04/16/92

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

2. Principal Place of Business 21: 8360 Dundee Terrace	2a. Mailing Address 26: 8360 Dundee Terrace
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Miami Lakes, Fl	City & State 28: Miami Lakes, Fl
Zip / Country 24: 33016 / 25: USA	Zip / Country 29: 33016 / 30: USA

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~WILFREDO ALANTI~~ ~~15450 NEW BARD RD~~ ~~MIAMI LAKES, FLORIDA 33014~~	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: Jovan Riotti JR. — 4/15/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Wilfredo Alan 15450 New Barn Rd Miami Lakes, Florida 33014	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D Jovan Riotti Jr. 8360 Dundee Terrace Miami Lakes, Florida 33016	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D Gabriel Herrero 8360 Dundee Terrace Miami Lakes, Florida 33016	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	100002495311---8 -04/21/98---01056---020 *****70.00 *****70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Elvira Riotti 8360 Dundee Terrace Miami Lakes, Florida 33016	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. 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 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: Jovan Riotti Jr. — 4/15/98 — (305)825-2511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #