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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996	
DOCUMENT  1. Corporation Name	#

P40883

(1)

PAN A	MERICAN DEVELOPMENT FOUND	ATION, INC.						
Principal Place	e of Business Ma	iling Address				iq <b>doi:9</b> 1 f <b>oin</b> t 1010 0	I TITIL DIBI QIBI DIBI	l Blait Bibli 1891
1889 F ST.,	NW 11	389 F ST., NW						
SUITE 850	\$	TE. 850						
WASHINGTO US	N DC 20006 W	ASHINGTON DC 20006			3. Date incorporated	l or Ovelland	20 Data (4)	<u> </u>
00					10/12/199	2	3a. Date of Last 01/30/1	
2. Principal P		Mailing Address 1 th	St	NW	4. FEI Number 52-605426		<b>⊢</b> —+	Applied For
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>		OE 0001E0			Not Applicable
22	27				5. Certificate of Stati	us Desired	1 1 '	Additional Required
23 WASU	NOTON DE 28	gity & State  OBHINGTON	B	C.	6. Election Campaig Trust Fund Contri	_		May Be d to Fees
Zio 000	9 25 U A 29	Zip 20009 30	Country 1	S-14-	This corporation h     Florida Statutes		ngible tax under s Yes □ No	. 199.032,
	9. Name and Address of Current Regist		Ī		10. Name and Addre			
			81	Name				
	, STACY		82	Street Ac	Idress (P.O. Box Number is	Not Acceptable)		
	epard trail Ood FL 32750		83					
	000 12 32.00		84	Cit.			T I =	
				City				p Code
<ol> <li>Pursuant or register</li> </ol>	to the provisions of Sections 617,0502 and 617 red agent, or both, in the State of Florida. Such	.1508, Florida Statutes, the a	above-r	named corp	oration submits this statem	ent for the purpos	se of changing its	egistered office
familiar wi	ith, and accept the obligations of, Section 617.0	503, Florida Statutes.	ie corp	OIAHOITS DO	and or directors. Thereby ac	xept the appoint	ment as registered	agent. i am
SIGNATUA	Tai :							
12.	Signature typed or printed name of registered agent and title if an OFFICERS AND DIRECT	<u> </u>		it signature requ	ired when reinstating)	IOCO TO OFFICE	DATE COLOR	
TITLE	CD OFFICERS AND DIRECT		13. .1 Title		ADDITIONS/CHAN	IGES TO OFFICE	RS AND DIRECTO	
NAME	GAVIRIA TRUJILLO, CESAR	-	2 NAME				☐ Citatige	Addition
STREET ADDRESS	17TH & CONSTITUTION AVE.			ADDRESS				J
CHY-SI-ZIP	WASHINGTON D.C.		.4 CITY - S					
TITLE	PD\		1 TITLE	1-211			Change	Addition
NAME	KRLOFF,GEORGE	_	2 NAME				LJ Shango	
STREET ADDRESS	601 13TH ST. , NW STE.310			ADORESS				
CITY-ST-ZIP	WASHINGTON D.C. 20005		4 CITY-S					
TITLE	VD \		1 TITLE	<del>" "</del>			Change	Addition
NAME	KIMBERLY, WILLLIAM E.	$\mathcal{M}_{3}$	2 NAME					
STREET ADDRESS	1250 24TP( ST.,NW, SUITE 7 📝)	3	3 STREET	ADDRESS				
CITY - ST - ZIP	Washington D.C. 🕡 /	1) 100	4. DITY-S	ST-ZIP				
TITLE	SD \		1 1114				☐ Change	Addition
NAME	WINSOR,CURTIN,JR.	Ourse J	NAME					ŀ
STREET ADDRESS	317 KIRBY RD\		3 STREET	ADDRESS				
CITY-ST-ZIP	MCLEAN VA 22\01	4	4 CITY-S	T-ZIP				
TITLE	TD \	DELCTE 5.	1 TITLE				Change	Addition
NAME	RIOS, DR. JORGE	5.	2 NAME	ŀ				
STREFT ADDRESS	2150 PENNSYLVANIA AVE.	5	3 STREET	ADDRESS				
CITY - ST - ZIP	WASHINGTON D.C.		4 CITY - S	T-ZIP				
TITLE	D \	DELETE 6.	1 TITLE				☐ Change	☐ Addition
NAME	REITZ, PETER	6.	2 NAME					ŀ
STREET ADDRESS	1889 F ST. NW	6.	3 STREET	ADDRESS				
CITY-ST-ZIP	Washington D.C.	6	4 CITY - S	T_ 71P				

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 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 of 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 changed or on an attachment with an address.

SIGNATURE:

SIGNATURE SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96 202 +58 6347

# PAN AMERICAN DEVELOPMENT FOUNDATION BOARD OF TRUSTEES

1889 F Street, NW Suite 850 Washington, DC 20006-4499

202.458-3969

11/95

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