

FILE NOW: FILING FEE IS \$61.25

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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001887 (9)**

1. Corporation Name

THE ARELLANO FOUNDATION, INC.



Principal Place of Business	Mailing Address
C/O GJ FERNANDEZ-QUINCOCES TWO SOUTH BISCAYNE BLVD., STE 3400 MIAMI FL 33131-1897 US	TWO SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI FL 33131-1897

3. Date Incorporated or Qualified 04/27/1993	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 65-0413902	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
VALDES-FAUL CORPORATE SERVICES INC TWO SOUTH BISCAYNE BLVD SUITE 3400; ONE BISCAYNE TOWER MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DPS <input type="checkbox"/> DELETE
NAME	ARELLANO, JORGE R
STREET ADDRESS	TW SOUTH BISCAYNE BLVD., STE 3400
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	OLIVER, CAROLYN
STREET ADDRESS	LANDMARK COLLEGE RIVER ROAD
CITY-ST-ZIP	PUTNEY VT 05346
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, JANE
STREET ADDRESS	LANDMARK COLLEGE; RIVER ROAD
CITY-ST-ZIP	PUTNEY VT 05346
TITLE	D <input type="checkbox"/> DELETE
NAME	MULLINS, CATHERINE
STREET ADDRESS	LANDMARK COLLEGE RIVER ROAD
CITY-ST-ZIP	PUTNEY VT 05346
TITLE	D <input type="checkbox"/> DELETE
NAME	GADDIS, GEOFFREY
STREET ADDRESS	LANDMARK COLLEGE RIVER ROAD
CITY-ST-ZIP	PUTNEY VT 05346
TITLE	DT <input type="checkbox"/> DELETE
NAME	CHAMMAS, CPA, ANDRE
STREET ADDRESS	124 SW 24TH ROAD
CITY-ST-ZIP	MIAMI FL 33129

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Guillermo J. Fernandez Quincoces
3.3 STREET ADDRESS	2 South Biscayne Blvd., STE 3400
3.4 CITY-ST-ZIP	Miami, Florida 33131-1897
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DT Chammas, Andre
6.3 STREET ADDRESS	2150 CORAL WAY, STE 7-B
6.4 CITY-ST-ZIP	MIAMI, FLORIDA 33145

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]* DATE: **April 5 97** (305) 376-6000

CR2E037 (9/96)