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NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002684 (9)

1. Corporation Name

THE GLORIA ESTEFAN FOUNDATION, INC.

Principal Place of Business

Mailing Address

555 JEFFERSON AVENUE
MIAMI BEACH FL 33139
US

555 JEFFERSON AVENUE
MIAMI BEACH FL 33139
US

3. Date Incorporated or Qualified

06/11/1993

4. FEI Number

65-0466117

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESTEFAN ENTERPRISES, INC.
555 JEFFERSON AVENUE
MIAMI BEACH FL 33139

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

100002501811--9

-04/27/98-01123-002

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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, 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

NAME ESTEFAN, GLORIA M.
STREET ADDRESS 6205 BIRD RD.
CITY-ST-ZIP MIAMI FL

TITLE VSD ☒ DELETE

NAME ESTEFAN, EMILIO J
STREET ADDRESS 6205 BIRD RD.
CITY-ST-ZIP MIAMI FL

TITLE T ☒ DELETE

NAME FAJARDO, REBECCA
STREET ADDRESS 6205 BIRD RD.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE VPD ☒ Change ☐ Addition

1.2 NAME Estefan, Emilio
1.3 STREET ADDRESS 555 Jefferson Avenue
1.4 CITY-ST-ZIP Miami Beach, FL 33139

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME Amadeo, Frank
2.3 STREET ADDRESS 555 Jefferson Avenue
2.4 CITY-ST-ZIP Miami Beach, FL 33139

3.1 TITLE PD ☒ Change ☐ Addition

3.2 NAME Gloria M. Estefan
3.3 STREET ADDRESS 555 Jefferson Avenue
3.4 CITY-ST-ZIP Miami Beach, FL 33139

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, unchanged, or on an attachment with an address.

SIGNATURE

Frank Amadeo 4/8/98

CR2E037 (10/97)