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May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 707532 (8)

1. Corporation Name

ACADEMY OF ARTS AND SCIENCES OF THE AMERICAS, IN
C.

Principal Place of Business

9450 OLD CUTLER ROAD
MIAMI FL 33156
US

Mailing Address

9450 OLD CUTLER ROAD
THE GATE HOUSE
MIAMI FL 33156-2242
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified
07/06/1964

3a. Date of Last Report
04/24/1996

4. FEI Number
59-6167628

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

10. Name and Address of New Registered Agent

KROHNGOLD, ROBERT CPA ATT. Academy of Arts
& Sciences of the Americas
2801 PONGE DE LEON BLVD
CORAL GABLES FL 33134 9450 Old Cutler Road
Miami, Florida 33156

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME FIELD, JULIA ALLEN
STREET ADDRESS 9450 OLD CUTLER ROAD
CITY - ST - ZIP MIAMI FL

TITLE VD ☐ DELETE
NAME MILLAS, ROLANDO
STREET ADDRESS 2280 S MIAMI AVE
CITY - ST - ZIP MIAMI FL

TITLE S ☐ DELETE
NAME PENA, DORA GARCIA
STREET ADDRESS 8901 SW 64TH COURT
CITY - ST - ZIP MIAMI, FL 00000

TITLE T ☐ DELETE
NAME FRISWELL, ROSE M
STREET ADDRESS 13983 SW 46 TERR
CITY - ST - ZIP MIAMI, FL 00000

TITLE D ☐ DELETE
NAME VEZIROGLU, NEJAT
STREET ADDRESS 1251 MEMORIAL DR.
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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 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 file this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

May 5, 1997 305-663-9897

Date Daytime Phone # 0027536

CR2E037 (9/96)