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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified

07/06/1964

4. FEI Number

59-6167628

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

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

**KROHNGOLD, ROBERT CPA
ATTN ACADEMY OF ARTS & SCICES OF THE AMER
9450 OLD CUTLER RD
MIAMI FL 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FIELD, JULIA ALLEN	
STREET ADDRESS	9450 OLD CUTLER ROAD	
CITY-ST-ZIP	MIAMI FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILLAS, ROLANDO	
STREET ADDRESS	3280 S MIAMI AVE	
CITY-ST-ZIP	MIAMI FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	PENA, DORA GARCIA	
STREET ADDRESS	8901 SW 64TH COURT	
CITY-ST-ZIP	MIAMI, FL 00000	

TITLE	T	<input type="checkbox"/> DELETE
NAME	FRISWELL, ROSE M	
STREET ADDRESS	13983 SW 46 TERR	
CITY-ST-ZIP	MIAMI, FL 00000	

TITLE	D	<input type="checkbox"/> DELETE
NAME	VEZIROGLU, NEJAT	
STREET ADDRESS	1251 MEMORIAL DR.	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an attachment with an address.

SIGNATURE:

Julia Allen Field Julia Allen Field/Jan 15, 1998 663-9897

CR2E037 (10/97)