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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707532

1. Corporation Name

ACADEMY OF ARTS AND SCIENCES OF THE AMERICAS, INC.

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified
07/06/1964

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

9. Name and Address of Current Registered Agent

**KROHNGOLD, ROBERT CPA
ATTN ACADEMY OF ARTS & SCICES OF THE AMER
9450 OLD CUTLER RD
MIAMI FL 33156**

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **MILLAS, ROLANDO**
CITY-ST-ZIP **3280 S MIAMI AVE**
MIAMI FL

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

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **VEZIROGLU, NEJAT**
CITY-ST-ZIP **1251 MEMORIAL DR.**
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 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 with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)