

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 742991

(3)

1. Corporation Name

GLOBAL FOUNDATION, INC.



Principal Place of Business

1450 MADRUGA AVENUE
SUITE 301
CORAL GABLES FL 33146
US

Mailing Address

6200 LEONARDO ST
CORAL GABLES FL 33146-3338
US

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 249055

26

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

23 CORAL GABLES, FLORIDA

City & State

28

24 Zip 33124-9055

Country U.S.A.

Zip

Country

29

30

3. Date Incorporated or Qualified

05/24/1978

3a. Date of Last Report

01/25/1995

4. FEI Number

59-1887705

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

KURSUNOGLU, SEVDA A.
6200 LEONARDO ST.
CORAL GABLES FL 33146

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

Sevda Kursunoglu

Sevda Kursunoglu V/P & Treasurer

01/19/1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KURSUNOGLU, BEHRAM N.
STREET ADDRESS 6200 LEONARDO STREET
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE SD
NAME PERLMUTTER, ARNOLD
STREET ADDRESS 6790 S.W. 52ND ST.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME COUTURE, JEAN
STREET ADDRESS 3 RUE HENRI HEINE-IFE
CITY-ST-ZIP PARIS, FRANCE

☐ DELETE

TITLE VTD
NAME KURSUNOGLU, SEVDA A.
STREET ADDRESS 6200 LEONARDO ST.
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE D
NAME LAMB, WILLIS E., JR.
STREET ADDRESS 848 N. NORRIS AVE.
CITY-ST-ZIP TUCSON AR

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Behram N. Kursunoglu

BEHRAM N. KURSUNOGLU January 19, 1996 305-669-9411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

3-18-1996