

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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

Mailing Address

P.O. BOX 249055 N/A
CORAL GABLES FL 33124-9055
US

6200 LEONARDO ST
CORAL GABLES FL 33146-3338
US

3. Date Incorporated or Qualified **05/24/1978** 3a. Date of Last Report **03/18/1996**

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 249055

26

4. FEI Number

59-1887705

Applied For

Not Applicable

Suite, Apt. #, etc

N/A

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23 **CORAL GABLES, FLORIDA**

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 Zip **33124-9055**

Country **U.S.A.**

29 Zip

Country

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

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

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

V/P & Treasurer

01/20/1997

(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 **KURSUNOGLU, BEHRAM N.**
STREET ADDRESS **6200 LEONARDO STREET**
CITY-ST-ZIP **CORAL GABLES FL**

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

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

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

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

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

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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. Kurnunoglu* **BEHRAM N. KURSUNOGLU** January 20, 1997. (305) 669-9411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0030449

CR2E037 (9/96)