

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

FILED
Apr 22 1996 8:00 am
Secretary of State

DOCUMENT # **746309** (4)

1. Corporation Name
THE FOUNDATION FOR VILLA VIZCAYA, INC., AN ENDOWMENT FUND

Principal Place of Business: **3251 S MIAMI AVE MIAMI FL 33129**
Mailing Address: **3251 S MIAMI AVE MIAMI FL 33129**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/19/1979	3a. Date of Last Report 02/15/1995
21		26		4. FEI Number 59-1898477	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FARWELL, RICHARD 3251 S. MIAMI AVE. MIAMI FL FL 33129				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CT	<input type="checkbox"/> DELETE	1.1 TITLE	<i>Nicholas J. Pisaris</i>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	CR2E037 (12/95)
NAME	PISARIS, NICHOLAS H. g.		1.2 NAME				
STREET ADDRESS	414 LA PLAYA AVE.		1.3 STREET ADDRESS				
CITY-ST-ZIP	COCONUT GROVE FL 33131		1.4 CITY-ST-ZIP				
TITLE	VCT	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PARKS, LYN		2.2 NAME				
STREET ADDRESS	3632 STEWART AVENUE		2.3 STREET ADDRESS				
CITY-ST-ZIP	COCONUT GROVE FL		2.4 CITY-ST-ZIP				
TITLE	VCT	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COLE, PAMELA W		3.2 NAME				
STREET ADDRESS	1400 CORALWAY		3.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4 CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCHULTE, JOANNE		4.2 NAME				
STREET ADDRESS	6210 MSAGGIORE ST.		4.3 STREET ADDRESS	<i>MAGGIORE</i>			
CITY-ST-ZIP	CORAL GABLES FL 33146		4.4 CITY-ST-ZIP				
TITLE	TT	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NEWIRTH, JUDITH		5.2 NAME				
STREET ADDRESS	SUN BANK 777 BRICKELL AVE.		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131		5.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PAWLEY, CHARLES H		6.2 NAME				
STREET ADDRESS	4514 PONCE DE LEON BLVD.		6.3 STREET ADDRESS	<i>is deleted</i>			
CITY-ST-ZIP	CORAL GABLES FL 33146		6.4 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: *Leslie Quinera* DATE: *April 16, 1996*