


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 24 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 746309 (4)
 1. Corporation Name
 THE FOUNDATION FOR VILLA VIZCAYA, INC., AN ENDOWMENT FUND



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

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified 03/19/1979 3a. Date of Last Report 04/22/1996

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 25 28 Zip 29 Country 30

4. FEI Number 59-1898477 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 FARWELL, RICHARD
 3251 S. MIAMI AVE.
 MIAMI FL FL 33129

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 700002303867
 -09/25/97--0111--027
 84 City ***70.00 85 Zip Code FL

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	CT	<input type="checkbox"/> DELETE
NAME	PISARIS, NICHOLAS J	
STREET ADDRESS	414 LA PLAYA AVE.	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VCT	<input type="checkbox"/> DELETE
NAME	PARKS, LYN	
STREET ADDRESS	3632 STEWART AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VCT	<input type="checkbox"/> DELETE
NAME	COLE, PAMELA W	
STREET ADDRESS	1400 CORALWAY	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SCHULTE, JOANNE	
STREET ADDRESS	6210 MAGGIORE ST	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	TT	<input type="checkbox"/> DELETE
NAME	NEIWIRTH, JUDITH	
STREET ADDRESS	SUN BANK 777 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOANNE N. SCHULTE	
1.3 STREET ADDRESS	6210 MAGGIORE ST.	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
2.1 TITLE	VCT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRISCILLA M. GREENFIELD	
2.3 STREET ADDRESS	3194 VIA HABITARE	
2.4 CITY-ST-ZIP	COCONUT GROVE FL 33133	
3.1 TITLE	VCT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROBLEY L. "ROB" FALMUD	
3.3 STREET ADDRESS	1509 SUNSET DRIVE	
3.4 CITY-ST-ZIP	MIAMI FL 33143	
4.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOANNE SCHULTE	
4.3 STREET ADDRESS	6215 MAGGIORE DRIVE	
4.4 CITY-ST-ZIP	KEY BISCAYNE FL 33149	
5.1 TITLE	TT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JUDITH NEIWIRTH	
5.3 STREET ADDRESS	19745 N.E. 24th COURT	
5.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
6.1 TITLE	CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	NICHOLAS J. PISARIS	
6.3 STREET ADDRESS	414 LA PLAYA BLVD.	
6.4 CITY-ST-ZIP	COCONUT GROVE FL 33133	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

CR2E037 (4/97)

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