

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 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747565** (0)

1. Corporation Name

THE 425 CHILEAN ASSOCIATION, INC.

Principal Place of Business

**425 CHILEAN AVENUE
PALM BEACH FL 33480**

Mailing Address

**P.O. BOX 651
PALM BEACH FL 33480**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1979		3a. Date of Last Report 04/05/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1904595		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**VAN BUREN, CYNTHIA
425 CHILEAN AVE, 7
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81	Name	Maner, Pitt	
82	Street Address (P.O. Box Number is Not Acceptable)	425 Chilean Ave. # 2	
83	City	84	FL
85	Zip Code	33480	

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 **Pitt T. Maner III, Treasurer** **Pitt T. Maner III** **9-11-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	IDFORS, HANS G.		1.2 NAME	Maner, Pitt			
STREET ADDRESS	P.O. BOX 11061, N/A		1.3 STREET ADDRESS	425 Chilean Ave #2			
CITY-ST-ZIP	SPRINGFIELD MO		1.4 CITY-ST-ZIP	Palm Beach, FL 33480			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAN BUREN, CYNTHIA		2.2 NAME	Perry, Samuel L. JR.			
STREET ADDRESS	425 CHILEAN AVENUE, 7		2.3 STREET ADDRESS	1300 Wates Drive			
CITY-ST-ZIP	PALM BEACH FL		2.4 CITY-ST-ZIP	FL 33480			
TITLE	VSD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAN BUREN, ROBERT		3.2 NAME	Peura, Toni D.			
STREET ADDRESS	425 CHILEAN AVE 6		3.3 STREET ADDRESS	66 Charles St.			
CITY-ST-ZIP	PALM BEACH FL		3.4 CITY-ST-ZIP	Boston, Ma 02114			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: **Pitt T. Maner III** **Pitt T. Maner III** **9-11-97** **561**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (4/97)