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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750967

1. Corporation Name

THE EGYPTOLOGY AND ASIAN CIVILIZATIONS SOCIETY O
OF MIAMI, INC.

Principal Place of Business

3280 S MIAMI AVE
MIAMI FL 33129

Mailing Address

3280 S MIAMI AVE
MIAMI FL 33129



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

02/06/1980

4. FEI Number

65-0091962

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

9. Name and Address of Current Registered Agent

DUVAL, H S JR
200 SOUTH SHORE DR,
#11
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

Denis Robert

82 Street Address (P.O. Box Number is Not Acceptable)

3653 POINCIANA AVENUE

83

84 City

Miami

FL

85

Zip Code
33133

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 Denis Robert, President Agent

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

(NOTE: Registered Agent signature required when reinstating)

4/26/99

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE

NAME ROBERT, DENIS
STREET ADDRESS 3653 POINCIANA AVE
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE SD ☐ DELETE

NAME CRUIT, ANA
STREET ADDRESS 20 ALHAMBRA CIRCLE, #12
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE PDT ☒ DELETE

NAME DUVAL, H S JR
STREET ADDRESS 200 SOUTH SHORE DR #11
CITY-ST-ZIP MIAMI BCH FL

TITLE SD ☐ DELETE

NAME JERABEK, LAURA
STREET ADDRESS 3301 NE 5TH AVE, 3609
CITY-ST-ZIP MIAMI FL 33127

TITLE D ☒ DELETE

NAME WILKINS, MAYE
STREET ADDRESS 228 SW 23RD ROAD
CITY-ST-ZIP MIAMI FL 33129

TITLE D ☐ DELETE

NAME JONES, BARRY J DR
STREET ADDRESS 633 ALMERIA AVE
CITY-ST-ZIP CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Vice-President ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Director ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Ana T. S. [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (305) 444-7033

Date

Daytime Phone #

CR2E037 (1/98)

Director

554640-90051-7
DOC # 750967

MARY LAUNDO

3280 S. Miami Ave.

Miami, FL 33129

Director

William Shirey

3280 S. Miami Ave.

Miami, FL 33129

Director

Kirk Miller

3280 S. Miami Ave.

Miami, FL 33129