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May 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N11064 (5)

1. Corporation Name

THE NADEAU CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

% ERWIN M. VASQUEZ  
2600 NE 9TH STREET  
FT. LAUDERDALE FL 33304  
US% ERWIN M. VASQUEZ  
2600 NE 9TH STREET  
FT. LAUDERDALE FL 33304-3610  
US3. Date Incorporated or Qualified  
09/12/19853a. Date of Last Report  
05/13/19964. FEI Number  
59-2583522Applied For  
Not Applicable6. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VASQUEZ, ERWIN M  
2600 NE 9TH STREET  
FT. LAUDERDALE FL 33304

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

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 PD  
NAME VASQUEZ, ERWIN M DR.  
STREET ADDRESS 2600 NE NINTH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETETITLE TD  
NAME WAGNER, ROGER  
STREET ADDRESS 2124 MIDDLE RIVER DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL ☒ DELETETITLE SD  
NAME HESS, GEORGE F II  
STREET ADDRESS 2000 RIVERWALK PLAZA  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETETITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE TD  
2.2 NAME PAUL Saliarulo  
2.3 STREET ADDRESS 4507 NE 25th Ave.  
2.4 CITY-ST-ZIP Ft. Lauderdale, FL ☐ Change ☒ Addition3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0035555

CR2E037 (9/96)

5-1-97 954-565-7779