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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N13115 (3)

1. Corporation Name

PAN AM HISTORICAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
9855 S.W. 90TH AVE MIAMI FL 33176 US	9855 S.W. 90TH AVE MIAMI FL 33176 US

3. Date Incorporated or Qualified: 01/23/1986

4. FEI Number: 59-2653271 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

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

BRASWELL, JULIAN H
9855 S.W. 90TH AVENUE
MIAMI FL 33176

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	TRIPPE, EDWARD S		1.2 NAME	JENNIE SEFTON	
STREET ADDRESS	230 PARK AVENUE, SUITE 1450		1.3 STREET ADDRESS	78 LAWRENCE PARK TERRACE	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	BRONXVILLE, NY 10708	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROTTSCH, PAUL		2.2 NAME		
STREET ADDRESS	39 JOHN STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CO		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CLAIR, KATHLEEN M		3.2 NAME		
STREET ADDRESS	285 AVENUE C, APT. 8-C		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ABRAMS, D.		4.2 NAME		
STREET ADDRESS	7236 SW 55TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, FRANK		5.2 NAME		
STREET ADDRESS	2020 COYLE STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN NY		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: X David Abrams, Director 2/12/98 305-467-2329