

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N15855**

**(2)**

1. Corporation Name

**WORLD TRADE CENTER INSTITUTE, INC.**



Principal Place of Business

Mailing Address

200 E. LAS OLAS BLVD  
100  
FT. LAUDERDALE FL 33301  
US

200 E. LAS OLAS BLVD  
100  
FT. LAUDERDALE FL 33301  
US

3. Date Incorporated or Qualified  
**07/15/1986**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

**59-2692887**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANKEL, HENRIETTA L.

~~1100 LEE WAGENER BLVD, 204~~

~~PO BOX 19065~~

~~FT. LAUDERDALE FL 33316~~

81 Name

**FRANKEL, HENRIETTA L.**

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

**200 E. LAS OLAS BLVD, Suite 100**

83

84 City

**Ft Lauderdale**

**FL**

85 Zip Code

**33301**

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           | PD                                    | <input type="checkbox"/> DELETE |
| NAME            | FRANKEL, HENRIETTA L.                 |                                 |
| STREET ADDRESS  | <del>1100 LEE WAGENER BLVD, 204</del> |                                 |
| CITY - ST - ZIP | <del>FT. LAUDERDALE FL</del>          |                                 |
| TITLE           | VD                                    | <input type="checkbox"/> DELETE |
| NAME            | FRANKEL, FRED                         |                                 |
| STREET ADDRESS  | <del>1100 LEE WAGENER BLVD, 204</del> |                                 |
| CITY - ST - ZIP | <del>FT. LAUDERDALE FL</del>          |                                 |
| TITLE           | D                                     | <input type="checkbox"/> DELETE |
| NAME            | PATELLA, CAROLE A.                    |                                 |
| STREET ADDRESS  | <del>7421 SW 20TH ST</del>            |                                 |
| CITY - ST - ZIP | <del>PLANTATION FL</del>              |                                 |
| TITLE           |                                       | <input type="checkbox"/> DELETE |
| NAME            |                                       |                                 |
| STREET ADDRESS  |                                       |                                 |
| CITY - ST - ZIP |                                       |                                 |
| TITLE           |                                       | <input type="checkbox"/> DELETE |
| NAME            |                                       |                                 |
| STREET ADDRESS  |                                       |                                 |
| CITY - ST - ZIP |                                       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |  |
|---------------------|--|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |  |
| 1.3 STREET ADDRESS  | <b>200 E. LAS OLAS BLVD, Suite 100</b>                                       |
| 1.4 CITY - ST - ZIP | <b>Ft Lauderdale, FL 33301</b>   |
| 2.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |  |
| 2.3 STREET ADDRESS  | <b>200 E. LAS OLAS BLVD, Suite 100</b>                                       |
| 2.4 CITY - ST - ZIP | <b>Ft Lauderdale, FL 33301</b>   |
| 3.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |  |
| 3.3 STREET ADDRESS  | <b>200 E. LAS OLAS BLVD, Suite 100</b>                                       |
| 3.4 CITY - ST - ZIP | <b>Ft Lauderdale, FL 33301</b>   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |  |
| 4.3 STREET ADDRESS  |  |
| 4.4 CITY - ST - ZIP |  |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |  |
| 5.3 STREET ADDRESS  |  |
| 5.4 CITY - ST - ZIP |  |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

**FRED FRANKEL**

**4-17-96** **(954) 761-9797**

Date

Daytime Phone

CR2E037 (12/95)