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NONPROFIT CORPORATION **ANNUAL REPORT**

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N15855 (2)

WORLD TRADE CENTER INSTITUTE, INC.

FILED Apr 25 1997 8:00am Secretary of State



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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) PD TITLE DELETE 1.1 TITLE Change Addition FRANKEL, HENRIETTA L. NAME 1.2 NAME 200 E. LAS OLAS BLVD, SUITE 100 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 THLE Change Addition FRANKEL, FRED 22 NAME 200 E. LAS OLAS BLVD, SUITE 100 STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP TITLE DELETE 3.1 TITLE Addition NAME PATELLA, CAROLE A. 3.2 NAME 200 E. LAS OLAS BLVD., SUITE 100 STREET ADDRESS 3.3 STREET ADDRESS PLANTATION FL CITY - ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 61 TITLE Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 15 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP