

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 11, 2004
Secretary of State**

DOCUMENT# N26658

Entity Name: MIAMI WORLD'S FAIR 1995-1996, INC.

Current Principal Place of Business:

5111 GALLOWAY ROAD
MIAMI, FL 331656732

New Principal Place of Business:

Current Mailing Address:

5111 GALLOWAY ROAD
MIAMI, FL 331656732

New Mailing Address:

FEI Number: 65-0140965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ DE VALDERRAMA, CARLOS J
2016 ALTA MEADOWS LANE #706
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ORTIZ DE VALDERRAMA,, C.
Address: 2016 ALTA MEADOWS LANE #706
City-St-Zip: DELRAY BEACH, FL 33444

Title: VPD () Delete
Name: HARGREAVES, DAVID W.,
Address: 1205 MARIPOSA AVE.
City-St-Zip: CORAL GABLES, FL

Title: D () Delete
Name: ALONSO, HUMBERTO,
Address: 1431 SAN BENITO
City-St-Zip: CORAL GABLES, FL

Title: D () Delete
Name: ARBOLEYA, CAROLS,
Address: BARNETT BANK OF MIAMI
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: GILCRIST, JOHN E.,
Address: 300 BISCAYNE BLVD. WAY
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: JENNINGS, ROD,
Address: MIAMI INTL' AIRPORT
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C.J. ORTIZ DE VALDERRAMA

P

05/11/2004

Electronic Signature of Signing Officer or Director

Date