FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED
MAY 12 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N35110** **(8)**

1. Corporation Name
THE ESAN FOUNDATION INC.

Principal Place of Business	Mailing Address
C/O EAF 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER MIAMI FL 33131	C/O EAF 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/08/1989**
3a. Date of Last Report: **08/08/1994**
4. FEI Number: **65-0224873** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite Apt. #, etc. 22	Suite Apt. #, etc. 27
City & State 23	City & State 28
Zip / 24 — County / 25	Zip / 29 — County / 30

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131

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 Section 607.0505 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, DELETIONS AND/OR NAME/ADDRESS CHANGES
01	PTD	☐ Change ☐ Addition
02 NAME	VIDAL, CARLOS R	
03 STREET ADDRESS	1902 BRICKELL AMENUE	
04 CITY ST ZIP	MIAMI	
05	VD	☐ Change ☐ Addition
06 NAME	PASHEK, ROBERT	
07 STREET ADDRESS	PENN STATE UNIVERSITY	
08 CITY ST ZIP	UNIVERSITY PARK PA	
09	VD	☐ Change ☐ Addition
10 NAME	TRRAVERSO, JORGE T	
11 STREET ADDRESS	ALONSO DE MOLINA, 1698	
12 CITY ST ZIP	LIMA, PERU	
13	S	☐ Change ☐ Addition
14 NAME	FERRER, ESTEBAN	
15 STREET ADDRESS	201 S. BISCAYNE BLVD., 1600 MIAMI CENTER	
16 CITY ST ZIP	MIAMI FL	
17	D	☐ Change ☐ Addition
18 NAME	FULLERTON, DIANE	
19 STREET ADDRESS	540 N. CALIFORNIA AVE.	
20 CITY ST ZIP	PALO ALTO CA	
21		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		

14. I hereby certify that the information supplied with this report, voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Secretary 4/19/95 305 377 6300
SIGNATURE AND TITLE OF AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #
ESTEBAN FERRER

0007000