

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 # N35110 (8)

1. Corporation Name

THE ESAN FOUNDATION INC.

Principal Place of Business

Mailing Address

C/O EFCWB

201 S. BISCAYNE BLVD., 1600 MIAMI CENTER
MIAMI FL 33131

C/O EFCWB

201 S. BISCAYNE BLVD., 1600 MIAMI CENTER
MIAMI FL 33131



3. Date Incorporated or Qualified

11/08/1989

3a. Date of Last Report

05/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

4. FEI Number

65-0224873

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

X

\$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

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

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

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 PTD
NAME VIDAL, CARLOS R
STREET ADDRESS 1902 BRICKELL AVENUE
CITY-ST-ZIP MIAMI

TITLE VD
NAME PASHEK, ROBERT
STREET ADDRESS PENN STATE UNIVERSITY
CITY-ST-ZIP UNIVERSITY PARK PA

TITLE VD
NAME TRRAVERSO, JORGE T
STREET ADDRESS ALONSO DE MOLINA, 1698
CITY-ST-ZIP LIMA, PERU

TITLE S
NAME FERRER, ESTEBAN
STREET ADDRESS 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER
CITY-ST-ZIP MIAMI FL

TITLE D
NAME FULLERTON, DIANE
STREET ADDRESS 540 N. CALIFORNIA AVE.
CITY-ST-ZIP PALO ALTO CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1901 BRICKELL AVENUE
1.2 NAME APT. 1401-B
1.3 STREET ADDRESS MIAMI, FL 33129
1.4 CITY-ST-ZIP

2.1 TITLE VD
2.2 NAME RODRIGUEZ, LUIS CARLOS
2.3 STREET ADDRESS PO BOX 1846
2.4 CITY-ST-ZIP LIMA 100 PERU

3.1 TITLE VD
3.2 NAME NAVARRO, ANTONIO
3.3 STREET ADDRESS 151 CRANDON BLVD.
3.4 CITY-ST-ZIP KEY BISCAYNE, FL 33149

4.1 TITLE S
4.2 NAME CHRISTOPHER W. BOYETT
4.3 STREET ADDRESS 201 S. BISCAYNE BLVD.
4.4 CITY-ST-ZIP 1600 MIAMI CENTER, MIAMI FL 33131

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 400001773324
5.4 CITY-ST-ZIP 04/15/96-01020-003

6.1 TITLE ***75.00
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:

ANTONIO NAVARRO

4/5/96

(305) 361-5163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone

CR2E037 (12/95)