

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
AND
FILED

95 MAR 10 PM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N40586** (2)
1. Corporation Name
FUNDACION JOSE A. BALSEIRO, INC.

Principal Place of Business Mailing Address
% ANGELO M. FERRARI
4802 BELLADONNA ST
MIDDLEBURG FL 32068
% ANGELO M. FERRARI
4802 BELLADONNA ST
MIDDLEBURG FL 32068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/29/1990** 3a. Date of Last Report **01/27/1994**
4. FEI Number **NOT APPLICABLE** 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 **3410 NW 91ST STREET** 26 **3410 NW 91ST STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **APT 141** 27 **APT 141**
City & State City & State
23 **GAINESVILLE, FL** 28 **GAINESVILLE, FL**
Zip Country Zip Country
24 **32606** 25 **USA** 29 **32606** 30 **USA**

9. Name and Address of Current Registered Agent
FERRARI, ANGELO M.
4802 BELLADONNA ST
MIDDLEBURG FL 32068

10. Name and Address of New Registered Agent
81 Name **FERRARI, ANGELO M.**
82 Street Address (P.O. Box Number is Not Acceptable)
3410 NW 91ST STREET, APT 141
83
84 City **GAINESVILLE** FL 85 Zip Code **32606**

11. Pursuant to the provisions of Sections 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FERRARI, ANGELO M.
STREET ADDRESS	P O BOX 1866 N/A
CITY-ST-ZIP	ORANGE PARK FL
TITLE	STD
NAME	FERRARI, RAQUEL S.
STREET ADDRESS	P O BOX 1866 N/A
CITY-ST-ZIP	ORANGE PARK FL
TITLE	D
NAME	MURPHY, HUNTER JACKSON
STREET ADDRESS	4789 GODWIN AVE.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SAHE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAHE	
1.3 STREET ADDRESS	3410 NW 91 ST STREET - APT 141	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32606	
2.1 TITLE	SAHE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAHE	
2.3 STREET ADDRESS	3410 NW 91 ST STREET - APT 141	
2.4 CITY-ST-ZIP	@GAINESVILLE, FL 32606	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SERGIO PISSANETZ KY	
3.3 STREET ADDRESS	5 HICKORY OAK	
3.4 CITY-ST-ZIP	THE WOODLANDS, TX 77381	
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 110.07(3)(b), 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: Angelo M. Ferrari - ANGELO M. FERRARI, PRESIDENT, 3/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #