

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40586 (2)

1. Corporation Name
FUNDACION JOSE A. BALSEIRO, INC.



Principal Place of Business 3410 NW 91ST STREET APT 141 GAINESVILLE FL 32606 US	Mailing Address 3410 NW 91ST STREET APT 141 GAINESVILLE FL 32606 US
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3. Date Incorporated or Qualified 10/29/1990	3a. Date of Last Report 03/10/1995
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3110 NW 75TH TERRACE	2a. Mailing Address 26 3110 NW 75TH TERRACE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State GAINESVILLE, FL	28 City & State GAINESVILLE, FL
24 Zip 32606	25 Country USA
29 Zip 32606	30 Country USA

9. Name and Address of Current Registered Agent
**FERRARI, ANGELO M.
3410 NW 91ST STREET, APT 141
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

81 Name FERRARI, ANGELO M.
82 Street Address (P.O. Box Number is Not Acceptable) 3110 NW 75TH TERRACE
83
84 City GAINESVILLE
85 Zip Code FL 32606

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 _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FERRARI, ANGELO M. 3410 NW 91ST STREET -APT 141 GAINESVILLE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FERRARI, RAQUEL S. 3410 NW 91ST STREET -APT 141 GAINESVILLE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PISSANETZKY, SERGIO 5 HICKORY OAK THE WOODLANDS TX	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	SAME SAME 3110 NW 75TH TERRACE GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	SAME SAME 3110 NW 75TH TERRACE GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	SAME SAME 3155 C FLOWERS RD SOUTH ATLANTA, GA 30341	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	300001757103 03/26/96--01056--005 ***61.25	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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, on an attachment with an address.

SIGNATURE: *Angelo M. Ferrari* **ANGELO M. FERRARI** **3-18-96** **352-395-5116**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT

CR2E037 (12/95)