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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:50

DOCUMENT # N41895 (6)

1. Corporation Name

CONO SUR INITIATIVE, INC.

Principal Place of Business

Mailing Address

5915 PONCE DE LEON BLVD.
PLUMER BLDG. STE. 10
CORAL GABLES FL 33146

5915 PONCE DE LEON BLVD.
PLUMER BLDG. STE. 10
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1991

3a. Date of Last Report

08/02/1994

4. FBI Number

65-0266089

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LA PAZ, LOURDES F
5915 PONCE DE LEON BLVD.
PLUMER BLDG., STE. 10
CORAL GABLES FL 33146

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 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 607.1505, Florida Statutes.

SIGNATURE

Signature typed or printed name of Registered Agent and this is applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FOOTE, EDWARD T.
STREET ADDRESS 5915 PONCE DE LEON BLVD.
CITY - ST - ZIP CORAL GABLES FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

See Exhibit A attached hereto

TITLE D
NAME GLASER, LUIS
STREET ADDRESS 5915 PONCE DE LEON BLVD.
CITY - ST - ZIP CORAL GABLES FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE D
NAME LIEBERMAN, DAVID A.
STREET ADDRESS 5915 PONCE DE LEON BLVD.
CITY - ST - ZIP CORAL GABLES FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE D
NAME ROSENDAHL, BRUCE R.
STREET ADDRESS 5915 PONCE DE LEON BLVD.
CITY - ST - ZIP CORAL GABLES FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE D
NAME GAMARCI, JORGE L.
STREET ADDRESS 5915 PONCE DE LEON BLVD.
CITY - ST - ZIP CORAL GABLES FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE D
NAME DEE, PAUL T.
STREET ADDRESS 5915 PONCE DE LEON BLVD.
CITY - ST - ZIP CORAL GABLES FL

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

Signature and typed or printed name of signing officer or director

Date

Signature (Print Name)

100

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CONO SUR INITIATIVE, INC.

BOARD OF TRUSTEES LIST

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