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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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DOCUMENT # N41895

(6)

1. Corporation Name

CONO SUR INITIATIVE, INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified
01/31/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI 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

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

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 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

See Exhibit A attached hereto.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lourdes F. La Paz

Secretary

Date

4/16/96

Daytime Phone #

(305) 284-2700

CR2E037 (12/95)

EXHIBIT A

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CONO SUR INITIATIVE, INC.

BOARD OF TRUSTEES LIST

Edward T. Foote
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4/15/96
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