

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # N93000002101 (4)

1. Corporation Name

THE ANTIPAS FOUNDATION, INC.

FILED

1995 AUG -3 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5210 SW 5 TERRACE  
MIAMI FL 33134

Mailing Address

P.O. BOX 14-0062  
CORAL GABLES FL 33114-0062  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1993

3a. Date of Last Report

04/14/1994

4. FEI Number

65-0414767

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



FILING FEE IS  
\$61.25

8. This corporation has liability for intangible tax under s. 189.032,  
Florida Statutes



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

MICHAELS, HENRY D  
5210 SW 5 TERRACE  
MIAMI FL 33134

10. Name and Address of New Registered Agent

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

NAME

STREET ADDRESS

CITY - ST - ZIP

P  
GUTIERREZ, JUAN C  
5175 S.W. 8TH STREET  
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VS  
BRAIDWOOD, JOHN C  
5220 S.W. 5TH STREET  
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD  
MICHAELS, HENRY D  
C/O 5210 SW 5 TERRACE  
MIAMI FL 33134

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Tr/P

6701 SW 116 Court, #402  
Miami, FL 33173

Tr/V/S

33134-1118

C/M/D/T

33134-1124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan C. Gutierrez 7-29-95 (305) 279-6047