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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 APR 30 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003582 (4)

1. Corporation Name

FOUNDATION FOR THE ADVANCEMENT OF MESOAMERICAN S
TUDIES, INC.



Principal Place of Business

268 S SUNSET BLVD
CRYSTAL RIVER FL 34429

Mailing Address

268 S SUNSET BLVD
CRYSTAL RIVER FL 34429

3. Date Incorporated or Qualified
08/09/1993

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

2. Principal Place of Business

2a. Mailing Address

21 268 South Suncoast Blvd

26 268 South Suncoast Blvd

4. FEI Number
59-3195520

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

BELOFF, DONN ESQ
2255 GLADES RD
SUITE 340W
BOCA RATON FL 33431

81 Name
THE PRENTICE HALL CORPORATION SYSTEM, INC.

82 Street (P.O. Box Number is Not Acceptable)
1201 HAYES STREET, SUITE 105

83

84 City
TALLAHASSEE

FL

85 Zip Code
32301

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. Patricia Pizzuto, assistant secretary

SIGNATURE

Patricia Pizzuto

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCP
NAME RANIERI, LEWIS S.
STREET ADDRESS 225 N. HEWLETT AVENUE
CITY-ST-ZIP MERRICK NY

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
000001802520
-05/01/96--01010--010
*****61.25 *****61.25

TITLE DVP
NAME RANIERI, MARGARET
STREET ADDRESS 225 N. HEWLETT AVENUE
CITY-ST-ZIP MERRICK NY

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

TITLE D
NAME GOLDSTEIN, MARILYN DR.
STREET ADDRESS 259 SCHENCK AVENUE
CITY-ST-ZIP GREAT NECK NY

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

TITLE DT
NAME BARBERA, ELIZABETH
STREET ADDRESS 171 NATHAN DRIVE
CITY-ST-ZIP NORTH BRUNSWICK NJ

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
1736 Dannet Place
East Meadow, NY 11554

TITLE DS
NAME BARDSLEY, SANDRA NOBLE
STREET ADDRESS 10976 COVE HARBOR DRIVE
CITY-ST-ZIP CRYSTAL RIVER FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
(PLEASE SEE ATTACHED LIST OF OFFICERS
& DIRECTORS)

TITLE D
NAME REENTS-BUDET, DORIE
STREET ADDRESS 425 CAROLINA CIRCLE
CITY-ST-ZIP DURHAM NC

6.1 TITLE
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 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:

Elizabeth Barbera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(516) 745-6644

Date

Daytime Phone #

CR2E037 (12/95)

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Foundation for the Advancement of Mesoamerican Studies, Inc.

State of Florida
1996 NonProfit Corporation Annual Report

Item 13. Additional Directors:

Title: Director
Name: Barbara Kerr
Address: 14 West 17th Street
Apartment 2S
City: New York
State: New York
Zip Code: 10011

Title: Director
Name: Justin Kerr
Address: 14 West 17th Street
Apartment 2S
City: New York
State: New York
Zip Code: 10011