

**NONPROFIT CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N94000002861 (2)

1. Corporation Name

SUMMIT OF THE AMERICAS FOUNDATION, INC.

FILED

1995 JUL 13 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**COURTHOUSE CENTER
175 NW 1ST AVE., SUITE 2500
MIAMI FL 33128**

**COURTHOUSE CENTER
175 NW 1ST AVE., SUITE 2500
MIAMI FL 33128**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/08/1994

4. FEI Number

65-0496562

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

6. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. 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. 199.032,
Florida Statutes ☐ Yes ☒ No

24

Country

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROCHIN, ROBERT M
5300 1ST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 33131-2339**

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAWRENCE, DAVID JR
STREET ADDRESS	THE MIAMI HERALD, ONE HERALD PLAZA
CITY - ST - ZIP	MIAMI FL 33132
TITLE	D
NAME	HOUFIELD, MARILYN
STREET ADDRESS	HOLLAND & KNIGHT, 701 BRICKELL AVE., #3000
CITY - ST - ZIP	MIAMI FL 33101
TITLE	DP
NAME	PEREZ, JORGE
STREET ADDRESS	THE RELATED GROUP OF FL, 2828 CORAL WAY
CITY - ST - ZIP	MIAMI FL 33145
TITLE	D
NAME	AVINO, JOAQUIN
STREET ADDRESS	METROPOLITAN DADE CO, 111 NW 1 ST., 29 FLR
CITY - ST - ZIP	MIAMI FL 33128
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**VP/S
VODICKA, SUSAN
200 S. BISCAYNE BLVD., #5100
MIAMI, FL 33131**

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ 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 110.07(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

Signature 1 Name #