

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000003945 (2)

1. Corporation Name

FOUNDATION FOR NEW OPPORTUNITIES, INC.



Principal Place of Business

1489 S UNIVERSITY DR
PLANTATION FL 33324

Mailing Address

1489 S UNIVERSITY DR
PLANTATION FL 33324

3. Date Incorporated or Qualified
08/11/1994

3a. Date of Last Report
04/12/1995

2. Principal Place of Business
21 1357 S. University Dr
Suite, Apt. #, etc.

2a. Mailing Address
26 1357 S. University Dr
Suite, Apt. #, etc.

4. FEI Number
65-0509998
Applied For
Not Applicable

22 City & State
23 Plantation FL 33324
Zip Country

27 City & State
28 Plantation FL 33324
Zip Country

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

OJITO, MARIA T
1489 S UNIVERSITY DR
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	KELLER, FRED J	5140 SW 40 AVE #26C	FT LAUDERDALE FL 33314	
VD	KERZNER, MICHAEL	9260 NW 9 CT	PLANTATION FL 33324	
SD	ALLER, SAM	2040 NE 1182 ST	N MIAMI BEACH FL 33162	
TD	DEPALMA, LEONARD	5874 S FLAMINGO RD	COOPER CITY FL 33330	
D	KRIDEL, MICHAEL	14750 NW 77 CT	MIAMI LAKES FL	
D	PEGUES, DONALD	4741 N DIXIE HWY	BOCA RATON FL 33431	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
C.F.O.	Tene Ojito	1357 S. University Dr	Plantation FL 33324	
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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

DATE

DAYTIME PHONE #

CR2E037 (12/95)