

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000003984 (1)

1. Corporation Name

LEONARDI DA VINCI FOUNDATION (U.S.A.), INC.

Principal Place of Business

1101 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Mailing Address

P.O. BOX 441883
MIAMI FL 33144

3. Date Incorporated or Qualified
08/15/1994

3a. Date of Last Report
08/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0537017

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

LUNA, MARCELO E
1101 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

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

D
LUNA, MARCELO E
1101 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
DE LA ROSA COSTA, PEDRO U
4730 N. HABANA AVE. SUITE 204
TAMPA FL 33614

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
BENITEZ, MARIA E
2625 COLLINS AVE. APT. 1005
MIAMI BEACH FL 33140

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
RODRIGUEZ, NORA
142 PALM AVENUE PALM ISLAND
MIAMI BEACH FL 33139

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
RODRIGUEZ, DALIA
13538 S.W. 11TH LANE
MIAMI FL 33184

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-15-96

Date

305-448-9955

Daytime Phone #

0007520

CR2E037 (3/96)