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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 06 1997 8:00am  
Secretary of State

DOCUMENT #

194000003984

1. Corporation Name

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

Principal Place of Business

Mailing Address

3766 WEST 12 AVENUE  
HIALEAH, FL 33012

SAME

3. Date Incorporated or Qualified  
8/15/1994

3a. Date of Last Report  
7/15/96

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	LUNA, MARCELO E	
STREET ADDRESS	1101 PONCE DE LEON BLVD	
CITY- ST- ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE LA ROSA COSTA, PEDRO U	
STREET ADDRESS	4730 N HABANA AVE., STE 204	
CITY- ST- ZIP	TAMPA, FL 33614	
TITLE	D/ BENITEZ, MARIA ELENA	<input type="checkbox"/> DELETE
NAME	2625 COLLINS AVE., #1005	
STREET ADDRESS	MIAMI BEACH, FL 33140	
CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, NORA	
STREET ADDRESS	142 PALM AVENUE	
CITY- ST- ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, DALIA	
STREET ADDRESS	13538 S.W. 11 LANE	
CITY- ST- ZIP	MIAMI, FL 33184	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*

MARCELO E. LUNA

4/30/97

305/448-3051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/96)