

FILE NOW: FILING FEE IS \$61.25

• NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**May 01 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # N95000000323 (4)**

1. Corporation Name

**FCCA FOUNDATION FOR THE CARIBBEAN, INC.**



Principal Place of Business

Mailing Address

**2701 PONCE DE LEON BLVD  
SUITE 203  
CORAL GABLES FL 33134**

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SUITE 203  
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

**01/24/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-037 8064**

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

**FEIN, STEVEN A  
44 W FLAGLER ST  
14TH FLOOR  
MIAMI FL 33130**

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** ☐ DELETE  
NAME **ARISON, MICKY**  
STREET ADDRESS **3655 NW 87 AVE**  
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **PTD** ☐ DELETE  
NAME **SASSO, RICHARD E**  
STREET ADDRESS **5200 BLUE LAGOON DR**  
CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE **VSD** ☐ DELETE  
NAME **PAIGE, MICHELE M**  
STREET ADDRESS **2701 PONCE DE LEON BLVD SUITE 203**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **D** ☐ DELETE  
NAME **ARON, ADAM**  
STREET ADDRESS **95 MERRICK WAY**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **D** ☐ DELETE  
NAME **KATSOUFIS, PARIS**  
STREET ADDRESS **901 S AMERICA WAY**  
CITY-ST-ZIP **MIAMI FL 33132**

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

TITLE **D** ☐ DELETE  
NAME **WARREN, MARK E**  
STREET ADDRESS **10100 SANTA MONICA BLVD**  
CITY-ST-ZIP **LOS ANGELES CA 90067**

6.1 TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)