

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 331342701 PONCE DE LEON BLVD
SUITE 203
CORAL GABLES FL 33134-60203. Date Incorporated or Qualified
01/24/19953a. Date of Last Report
05/01/1996

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

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4. FEI Number

65-0378064

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

MELONI, EDO ESO.
44 W FLAGLER ST
14TH FLOOR
MIAMI FL 33130

81 Name

Michele M. Paige

82 Street Address (P.O. Box Number is Not Acceptable)

2701 Ponce De Leon Blvd.

83

SUITE 203

84 City

Coral Gables

FL

85 Zip Code

33134

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 file if applicable

Michele M. Paige

(NOTE: Registered Agent signature required when reinstating)

1/24/97

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 331761.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE PTD ☐ DELETE
NAME SASSO, RICHARD E
STREET ADDRESS 5200 BLUE LAGOON DR
CITY-ST-ZIP MIAMI FL 331262.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VSD ☐ DELETE
NAME PAIGE, MICHELE M
STREET ADDRESS 2701 PONCE DE LEON BLVD SUITE 203
CITY-ST-ZIP CORAL GABLES FL 331343.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME ARON, ADAM
STREET ADDRESS 95 MERRICK WAY
CITY-ST-ZIP CORAL GABLES FL 331344.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME KATSOUFIS, PARIS
STREET ADDRESS 901 S AMERICA WAY
CITY-ST-ZIP MIAMI FL 331325.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME NIELSON, STEPHEN A
STREET ADDRESS 1800 ELLER DR.
CITY-ST-ZIP FT. LAUDERDALE FL 333166.1 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michele M. Paige 1/24/97 305)446-7297

Date

Daytime Phone # 0026972

CR2E037 (9/96)