


FILE NOW: FILING FEE IS \$61.25

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Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90021 039 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000000323			
1. Corporation Name FCCA FOUNDATION FOR THE CARIBBEAN, INC.			
Principal Place of Business 2701 PONCE DE LEON BLVD SUITE 203 CORAL GABLES FL 33134		Mailing Address 2701 PONCE DE LEON BLVD SUITE 203 CORAL GABLES FL 33134	



2. Principal Place of Business 21 11200 Pines Blvd. Suite, Apt. #, etc. 22 Suite 201 City & State 23 Pembroke Pines, FL Zip 24 33026 Country 25 USA		2a. Mailing Address 26 P.O. Box 266436 Suite, Apt. #, etc. 27 City & State 28 Weston, FL Zip 29 33326 Country 30 USA		3. Date Incorporated or Qualified 01/24/1995	
4. FEI Number 65-0378064		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent MICHELE M. PAIGE 2701 PONCE DE LEON BLVD. SUITE 203 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent 81 Name Michele M. Paige 82 Street Address (P.O. Box Number is Not Acceptable) 11200 Pines Blvd. 83 Suite 201 84 City Pembroke Pines FL 85 Zip Code 33026			
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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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARISON, MICKY	1.2 NAME	
STREET ADDRESS	3655 NW 87 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSO, RICHARD E	2.2 NAME	SASSO, Richard E.
STREET ADDRESS	5200 BLUE LAGOON DR	2.3 STREET ADDRESS	1050 Caribbean Way
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	Miami, FL 33132
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAIGE, MICHELE M	3.2 NAME	Paige, Michele M.
STREET ADDRESS	2701 PONCE DE LEON BLVD SUITE 203	3.3 STREET ADDRESS	11200 Pines Blvd., Ste 201
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	Pembroke Pines, FL 33026
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATSOUFIS, PARIS	4.2 NAME	Katsoufis, Paris G.
STREET ADDRESS	901 S AMERICA WAY	4.3 STREET ADDRESS	1015 N. AMERICA Way, Ste 128
CITY-ST-ZIP	MIAMI FL 33132	4.4 CITY-ST-ZIP	Miami, FL 33132
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIELSEN, STEPHEN A	5.2 NAME	Nielsen, Stephen A.
STREET ADDRESS	1800 ELLER DR.	5.3 STREET ADDRESS	1801 SE 20th St., Terminal 2
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	5.4 CITY-ST-ZIP	FT. Lauderdale, FL 33316
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michele M. Paige
Date 6/18/99 Daytime Phone # 954-441-8881

CR2E037 (11/98)