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Feb 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000002291 (1)

1. Corporation Name

FLORIDA PARTNERSHIP OF THE AMERICAS, INC.

Principal Place of Business

Mailing Address

% MORGAN, LEWIS & BOCKIUS
200 S. BISCAYNE BLVD., SUITE 5300
MIAMI FL 33131-2339

% MORGAN, LEWIS & BOCKIUS
200 S. BISCAYNE BLVD., SUITE 5300
MIAMI FL 33131-2339

3. Date Incorporated or Qualified
05/11/1995

3a. Date of Last Report
07/03/1996

4. FEI Number
65-0582861

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, ETHAN W
MORGAN, LEWIS & BOCKIUS
200 S. BISCAYNE BLVD., SUITE 5300
MIAMI FL 33131-2339

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 DIRECTOR ☐ DELETE
NAME PALOMARES, CARLOS
STREET ADDRESS 8750 DORAL BLVD.
CITY-ST-ZIP MIAMI FL 33178

TITLE D DIRECTOR ☐ DELETE
NAME VILLAMIL, ANTONIO
STREET ADDRESS 2655 LE JEUNE RD. STE 608
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE R C - DIRECTOR ☐ DELETE
NAME CEJAS, PAUL
STREET ADDRESS 200 S. BISCAYNE BLVD. STE 2410
CITY-ST-ZIP MIAMI FL 33131

TITLE BUDDY MACKAY DIRECTOR
NAME THE CAPITAL
STREET ADDRESS TALLAHASSEE FL. 32301
CITY-ST-ZIP

TITLE DIRECTOR ☐ DELETE
NAME JOHN C. SMITH
STREET ADDRESS 200 S. BISCAYNE BLVD. 4100
CITY-ST-ZIP MIAMI, FL. 33131

TITLE DIRECTOR ☐ DELETE
NAME ROBERT BROCHIN
STREET ADDRESS 200 S. BISCAYNE BLVD., 5303
CITY-ST-ZIP MIAMI, FL. 33131

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

M. CAMILA LEIVA DIRECTOR
2305 N.W. 107 AVE
MIAMI, FL. 33172

MARIA ELENA PRIO DIRECTOR
2 S. BISCAYNE BLVD., 3400
MIAMI, FL. 33131

DIRECTOR
OTTIS PITTS
JALANORA PLAZA
CORAL GABLES, FL. 33134

O-PRESIDENT/OFFICER
SUSAN S. VODICKA
200 S. BISCAYNE BLVD., 5300
MIAMI, FL. 33131

☐ Change ☐ Addition

☐ Change ☐ Addition

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

Date

Daytime Phone # 0028537

CR2E037 (9/96)