## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N95000002291

FLORIDA PARTNERSHIP OF THE AMERICAS, INC.

## **FILED** Feb 22, 1999 8:00 am § Secretary of State

02-22-1999 90053 044 \*\*\*\*61.25

	A. 11.					•			
Principal Place of Business Mailing Address								6 H 1 H 1 B 1 B 1 B 1	a:01 (ED) (00)
	EWIS & BOCKIUS	% MORGAN. LEWIS & BOCKIUS							
	ne blvd Suite 5300	200 S. BISCAYNE BLVD., SUITE 5300							
MIAMI FL 3313	1-2339	MIAMI FL 33131-2339				I t <b>eatilikt ain</b> rarar ause aarri aarri	i Mathi Batil Anii		#IBI (IBI (#6)
						,	•		1.
2. Principal Pl	ace of Business	2a. Mailing Address				ate Incorporated or Qualifed			i
21					05/11/1995				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number			Ar	oplied For
22		27			6!	5-0582861		No	ot Applicable
City & State	A	City & State					- <u> </u>	\$8.75	Additional
23		28			5. C	ertifcate of Status Desired	U.	Fee Re	equired ·
Zip	Country	Zip	Country		6 FI	lection Campaign Financing		\$5.00	May Be
— ·			n ´		1 '	rust Fund Contribution			to Fees
24	25		1			ame and Address of New R	Registered A		
	9. Name and Address of Current	Registered Agent	81	Name	10. 14	aine and Houses of New I	togiotoi ou r	<del></del>	
			"	rigine					
JOHNSON	i, ethan w		82	Street Addre	ess (P.O	. Box Number is Not Accepta	able)		T
MORGAN, LEWIS & BOCKIUS					ì			· .	
	SCAYNE BLVD., SUITE 5300		83						ļ
								T221	
MIAMI FL	33131-2339		84	City	,		. Et	85 Zip	Code
				L		to the state of the		bonging its	registered
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508, Florida Statutes,	the above	e-named corporation	oration si	ubmits this statement for the d of directors. I hereby accer	purpose or c	nanging its Iment as re	agistered
office of n	egistered agent, or both, in the state of m familiar with, and accept the obligation	ons of, Section 617.0503, Florida	Statutes		Jii a Boai	a of difference . Hereby decep			
_						•		,	ļ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	gistered Ager	nt signature required	d when reins	stating)	DATE	<del></del>	
12.	OFFICERS AND	11.100.000	13.		AD	DITIONS/CHANGES TO OF	FICERS AND	DIRECTO	ORS IN 12
TITLE	D	DELETE	1.1 TITLE	10	12.60	CHOR.		☐ Change	Addition
	· ·		1.2 NAME	<u> </u>		carrie of	- Wa		. •
NAME	PALOMARES, CARLOS			n,	HUIA	CAMICA L			
STREET ADDRESS	8750 DORAL BLVD.		1.3 STREE	TADORESS 2	05/	U.W. 107 AVE	•		. ]
CITY-ST-ZIP	MIAMI FL 33178		1.4 CITY-S		ВИ	, FL 33172	·		
TITLE	D	☐ DELETE 2.1		D1	Rec	TOP		Change	Addition
NAME	VILLAMIL, ANTONIO		2.2 NAME	14	n DiA	GLANA MI	0	/-	
STREET ADORESS	2655 LE JEUNE RD. STE 608		2.3 STREE	ADDRESS 3	3. 6	ISCAYNE BIND.	SUITE	; 390	0
					مقاها	i FL. 33131	. •		1
CITY-ST-ZIP	CORAL GABLES FL 33134	DELETE	2. 4 CITY- S	11-2IP				Change	Addition
TITLE	CD	N DELETE 1	3.1 TITLE	7	FICE			_ <del></del>	
NAME i	CEJAS, PAUL	Ť	3.2 NAME	30	SAU	s. VadieKA	·	ب- سري	4.2
STREET ADDRESS	200 S. BISCAYNE BLVD. STE 24	10	3.3 STREE			RICKEH AVE.	SO (	14 14	03
CITY-ST-ZIP	MIAMI FL	C.	3.4. CITY-5		IAN		<b>3</b> /		
TITLE	D	DELETE	4.1 TITLE			1		Change	Addition
NAME	MACKAY, BUDDY	<i>i</i> >	4. 2 NAME	1					·
				TADODEĆĆ		•		•	
STREET ADDRESS	THE CAPITOL			TADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-S	T-ZIP					
TITLE	D	DELETE	5.1 TITLE				•	☐ Change	☐ Addition
NAME	SMITH, JOHN E	<u>'\</u>	5.2 NAME						ļ
STREET ADDRESS	2005 S BISCAYNE BLVD #4100	-	5.3 STREE	TADORESS					
	MIAMI FL		5.4 CITY-S	T-ZIP					ļ
CITY-ST-ZIP		☐ DELETE	6.1 TITLE					Change	☐ Addition
TITLE	D	☐ nereie							
NAME ,	Brochin, Robert		6.2 NAME	- 1					
STREET ADDRESS	200 S BISCAYNE BLVD #5003		6.3 STREE	TADORESS		•		* *	ļ

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 the receiver of the corporation of the corpora

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

305-311-020-3