


FILE NOW: FILING FEE IS \$61.25

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

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

0029574

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000002291					
1. Corporation Name FLORIDA PARTNERSHIP OF THE AMERICAS, INC.					
Principal Place of Business % MORGAN, LEWIS & BOCKIUS 200 S. BISCAYNE BLVD., SUITE 5300 MIAMI FL 33131-2339			Mailing Address % MORGAN, LEWIS & BOCKIUS 200 S. BISCAYNE BLVD., SUITE 5300 MIAMI FL 33131-2339		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/11/1995	
22 City & State		27 City & State		4. FEI Number 65-0582861	
23 Zip		28 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.2 NAME MARIA CAMILA LEIVA					
1.3 STREET ADDRESS 2305 N.W. 107 AVE					
1.4 CITY-ST-ZIP MIAMI, FL 33172					
2.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
2.2 NAME MARIA ELENA PRIO					
2.3 STREET ADDRESS 200 S. BISCAYNE BLVD. SUITE 3400					
2.4 CITY-ST-ZIP MIAMI, FL 33131					
3.1 TITLE OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
3.2 NAME JESAN S. VODICKA					
3.3 STREET ADDRESS 1101 BRICKEN AVE. SUITE 703					
3.4 CITY-ST-ZIP MIAMI, FL 33131					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
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, 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

1/12/99 305-311-0203
Date Daytime Phone #

CR2E037 (11/98)