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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500003838 (8)
1. Corporation Name

FITTIPALDI FOUNDATION OF THE AMERICAS, INC.

| Principal Place of Business Mailing Address | | | I ABBIILDIN DISA SOKOL ORINI BAKNI DOSIN BONIN DANNI SOKOD NINON 18600 NINON IDIR SBOL | | |
|---------------------------------------------|-------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 950 SOUTH MIAMI AVENUE MIAMI FL 33130 | | 950 SOUTH MIAMI AVENUE MIAMI FL 33130 | | | |
| | | | | 3. Date Incorporated or Qualified 08/10/1995 | 3a. Date of Last Report |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-060687 | Not Applicable |
| Suite, Apt. # | , etc | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for | |
| 24 | 9. Name and Address of Curren | 29 | 30 | Florida Statutes 10. Name and Address of New | Yes No |
| | 9. Name and Address of Curren | r negisteret Agent | 81 Namie | | _ 1 |
| | | | | ANIEL GUERR | |
| YANOWITCH, PETER J ESQ. | | | 82 Street Addre 950 | South Manne | Avenue |
| 02 | | | | South MAMI | HVENUE |
| SOITE 530 | | | | | |
| MIAMI FL | L 33130 | | 84 City | i Ami | FL 85 Zp Code -33/30 |
| 11. Pursuant to | o the provisions of Sections 617,0502 | and 617 1508 Florida Stat | utes the above-named corpora | /////// | |
| or registere | ed agent, or both, whe State of Florid | la. Such charige was autho | rized by the corporation's board | d of directors. I hereby accept the ap- | urpose of changing its registered office pointment as registered agent. am |
| | in, and accept the doligations in, secti | | | · · | 1.0101 |
| SIGNATURE. | Styriature: typeo or printed name of registered agent | DAVIC and the Capplicates | L GUERRIER ((NOTE: Rug stered Agent signature required | where reinstatings | 37/46 |
| 12. | OFFICERS AND | DIRECTORS | 13. | ADDITIONS CHANGES TO OF | FICERS AND DIRECTORS IN 12 |
| TITLE | PD | DELETE | 1.1 TITLE | | Change Addition |
| NAME | FITTIPALDI, EMERSON | | 1.2 NAME | | |
| STREET ADDRESS | 950 SOUTH MIAMI AVENUE | | 1.3 STREET ADDRESS | | |
| CiTY+ST-ZIP | MIAMI FL 33130 | | 1 4 CITY - ST - ZIP | | |
| TITLE | VPD | ∑ DELE1E | 2.1 TITLE | V/5/D 2000 | Change Addition |
| NAME | Bell, James | • | 22 NAME J | Hipalay Jekesa | Averye |
| STREET ADDRESS | 5605 SOUTH WEST 142ND A | VENUE | 2 3 STREET ADDRESS | 50 3004h 111000 | 213(1) |
| CITY-ST ZIP | MIAMI FL 33183 | | 2 4 CITY - ST- ZIP | <u> Humi Florida 2</u> | 3130 |
| TITLE | STD | DELETE | 31 TITLE | TIP 1 Soloure | Change Addition |
| NAME | YANOWITCH, PETER J | | 3 2 NAME | arios A. Sacre | 7 #248 |
| STREET ADDRESS | 800 BRICKELL AVENUE, SUIT | E 550 | 3 3 STREET ADDRESS & | Hipaldi Teresa 56 Seo4h Miami Nami Florida 3 TIP. arlos A. Salcines 370 w. Flaques Mami Fl. 3314/2 | 1 |
| CITY - ST - ZIP | MIAMI FL 33131 | DELETE | 3.4 CITY-ST-ZIP /) | 110mi Fr 22177 | /. Change Add-tion |
| TITLE | | | 4.0 mee | • | Change Addition |
| NAME crosst apposes | | | 4 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | DELETE | 4 4 CITY - S1 - ZIP 5 1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY - ST-2IP | | | 5.4 CITY-ST-ZIP | | |
| THTLE | | DELETE | 61 TITLE | | Change Addition |
| NAME | | _ | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 6.4 CiTY+ST_ZIP | | |
| r | | #1. Mar. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

1/24/96 (305)358-9610 Daytine Phone #

:R2E037 (12/95