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Aug 22 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 # N95000003838 (8)

1. Corporation Name

FITTIPALDI FOUNDATION OF THE AMERICAS, INC.

Principal Place of Business

Mailing Address

950 SOUTH MIAMI AVENUE
MIAMI FL 33130

950 SOUTH MIAMI AVENUE
MIAMI FL 33130-4121



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

3. Date Incorporated or Qualified
08/10/1995

3a. Date of Last Report
02/12/1996

4. FEI Number
65-0606871

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUERRIERI, DANIEL
950 S MIAMI AVE
MIAMI FL 33130

81 Name Peter Vanowitch

82 Street Address (P.O. Box Number is Not Acceptable)
800 Brickell Avenue #550

83

84 City Miami

FL

85 Zip Code 33131

11. Pursuant to the provisions of Sections 617.0002 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

6/26/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FITTIPALDI, EMERSON
STREET ADDRESS 950 SOUTH MIAMI AVENUE
CITY-ST-ZIP MIAMI FL 33130 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VSD
NAME FITTIPALDI, TERESA
STREET ADDRESS 950 S MIAMI AVE
CITY-ST-ZIP MIAMI FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME SALCINES, CARLOS A.
STREET ADDRESS 8370 W FLAGLER ST, #248
CITY-ST-ZIP MIAMI FL ☒ DELETE

3.1 TITLE Director of Operations
3.2 NAME Stuart C. Adams
3.3 STREET ADDRESS 950 South Miami Avenue
3.4 CITY-ST-ZIP Miami - FL 33130 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE Vice President
4.2 NAME Daniel Goodstadt
4.3 STREET ADDRESS 950 S. Miami Ave.
4.4 CITY-ST-ZIP Miami - FL 33130 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 400002277824
5.4 CITY-ST-ZIP -08/26/97--01070--026
***\$1.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

6/26/97

205-358-8610

CR2E037 (9/96)