SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

Nonprofit CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N9600000177 (3) DOCUMENT #

FOUNDATION FOR DEMOCRACY & EDUCATION, INC.

FILED 98 FEP 11 AMII: 33

SEC. J. O. STATE TALLAN SEE. PLONIDA



Principal Place	a of Business	Mai	ling Address	<u>.</u>	_	-, 2.				
3075 N.W. 107TH AVENUE MIAMI FL 33172			3075 N.W. 107TH AVENUE MIAMI FL 33172				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified 01/08/1996	3a. Dat	e of Last R	eport
2. Principal P	lace of Business	28.	Mailing Address				4. FEI Number		Ar	oplied For
21		26					65 064 013	8/		t Applicabl
Sulte, Apt.	#, etc.	⊢	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
2 2 2 2 2 2 2		27	Oir - P Orat							quired
City & State	9	— —	City & State				6. Election Campaign Financing		\$5.00	
Zip	Country	28	Zip	Co	ountry		Trust Fund Contribution 8. This corporation owes or has pa	oid the ours	Added	
4	25	29	- · ·	30	, , , , , , , , , , , , , , , , , , ,		Personal Property Tax due June	_] No
···	9. Name and Address of Curre		ered Agent		1		10. Name and Address of New Re			
					81	Name				
C T COR	PORATION SYSTEM		<u> </u>			Street Add	eet Address (P.O. Box Number is Not Acceptable)			
	UTH PINE ISLAND ROAD					Street Address (F.O. Box Number is Not Acceptable)				
PLANTAT	10N FL 33324				83					
					84	City			85 Zip	Code
						•	poration submits this statement for the	_ FL		
	egistered agent, or both, in the Sta m familiar with, and accept the obli-		S	PECIAL.	ASS	TYAKE	STOTETARY	Z/9		
SIGNATURE	Signature, typed or printed name of registered a	ageniand tillo if	S applicable.	PECIAL. (NOTE: Register	ASS red Agen	TYAKE	ired when reinstating)	Z/1 DATE	198	
SIGNATURE _	Lanie B	ageniand tillo if	S applicable.	PECIAL. (NOTE: Register 13.	ASS red Agen	TYAKE	STOTETARY	Z 1 9 DATE CERS AND	198	S IN 12
SIGNATURE _ 12.	Signature, typed or printed name of registered a OFFICERS A	ageniand tillo if	applicable. FORS	PECIAL: (NOTE: Register 13.	ASS red Agen	TYAKE	Ired when reinstating) ADDITIONS/CHANGES TO OFFICE	Z/9 DATE CERS AND	DIRECTOR Change	IS IN 12
SIGNATURE _ 12. TITLE	Signature, typed or printed name of registered a OFFICERS A	ageniand tillo if	applicable. FORS	PECIAL (NOTE. Register 13.	ASS red Agen TITLE NAME	TYAKE	ired when reinstating)	Z/1 DATE CERS AND	DIRECTOR Change	IS IN 12
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A PO DE CESPEDES, CARLOS M 3155 NW 77TH AVE. MIAMI FL 33122	ageniand tillo if	applicable. FORS	PECIAL (NOTE: Register 13.11.11.11.11.11.11.11.11.11.11.11.11.1	ASS red Agen TITLE NAME	ISTANY Il Bignature requi	COCCETARY lied when reinstating) ADDITIONS/CHANGES TO OFFICE	Z/9 DATE CERS AND [] [] [] [] [] [] [] [] [] [DIRECTOR Change	IS IN 12 Addition 5 107
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14. I do hereby certify that the information sup-information indicated on this sential report I am an officer or director of the corporal appears in Block 12 or Block 13 if change RECHIRED

1/25/08

(305) 406 - 1827