

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

97 NOV 10 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

1997

DOCUMENT # **N96000002407 (2)**
 1. Corporation Name

CARLOS AND ALEGRIA BERACASA FOUNDATION, INC.

REINSTATEMENT 1997



Principal Place of Business Mailing Address
6886 ROXBURY LANE 5930 N. BAY ROAD **6886 ROXBURY LANE 5930 N. BAY ROAD**
LA GORGE ISLAND **LA GORGE ISLAND**
MIAMI BEACH FL 33141 **MIAMI BEACH FL 33141**
33140 **33140**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 5930 N. BAY ROAD **26 5930 N. BAY ROAD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
 City & State City & State
23 MIAMI BEACH, FL **28 MIAMI BEACH, FL**
 Zip Country Zip Country
24 33140 **25 U.S.A.** **29 33140** **30 U.S.A.**

3. Date Incorporated or Qualified **05/06/1996** 3a. Date of Last Report
 4. FEI Number **65-0663084** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
KANE, ELIZABETH
6886 ROXBURY LANE 5930 N. BAY ROAD
LA GORGE ISLAND
MIAMI BEACH FL 33141
33140

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 400002346664-8
-11/13/97-01081-002
84 City ******236.25** **FL** **65-0663084**

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 *Elizabeth Kane* DATE **Nov 1, 1997**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BERACASA, ALFREDO 5930 N. BAY ROAD
STREET ADDRESS	6886 ROXBURY LANE, LA GORGE ISLAND
CITY-ST-ZIP	MIAMI BEACH FL 33141 33140
TITLE	D <input type="checkbox"/> DELETE
NAME	KANE, ELIZABETH 5930 N. BAY ROAD
STREET ADDRESS	6886 ROXBURY LANE, LA GORGE ISLAND
CITY-ST-ZIP	MIAMI BEACH FL 33141 33140
TITLE	D <input type="checkbox"/> DELETE
NAME	BERACASA, ENRIQUE
STREET ADDRESS	P.O.B.A. INTERNATIONAL 484, POB 02-5255
CITY-ST-ZIP	MIAMI BEACH FL 33102-5255
TITLE	D <input type="checkbox"/> DELETE
NAME	BERACASA, MARUJA
STREET ADDRESS	P.O.B.A. INTERNATIONAL 484, POB 02-5255
CITY-ST-ZIP	MIAMI BEACH FL 33102-5255
TITLE	D <input type="checkbox"/> DELETE
NAME	BERACASA, LILLIAN
STREET ADDRESS	P.O.B.A. INTERNATIONAL 484, POB 02-5255
CITY-ST-ZIP	MIAMI BEACH FL 33102-5255
TITLE	D <input type="checkbox"/> DELETE
NAME	BERACASA, PATRICIA
STREET ADDRESS	P.O.B.A. INTERNATIONAL 484, POB 02-5255
CITY-ST-ZIP	MIAMI BEACH FL 33102-5255

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARC IACOVELLI
1.3 STREET ADDRESS	46 STAR ISLAND DRIVE
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CAROL IACOVELLI
2.3 STREET ADDRESS	46 STAR ISLAND DRIVE
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MR. RAUL J. SUAREZ
3.3 STREET ADDRESS	525 E. 72 STREET #25A
3.4 CITY-ST-ZIP	NEW YORK, NY 10019
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MRS. ALINA SHRIVER
4.3 STREET ADDRESS	5820 PINETREE DRIVE
4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JEAN-MARIE TOMASI
5.3 STREET ADDRESS	600 RUE DU SOLEIL
5.4 CITY-ST-ZIP	MENTON, FRANCE
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 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 *Elizabeth Kane* DATE **Nov 1, 1997**
 305.866.9550

CP2E037 (4/97)