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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002407 (2)

1. Corporation Name

CARLOS AND ALEGRIA BERACASA FOUNDATION, INC.

Principal Place of Business

Mailing Address

5930 N. BAY ROAD
MIAMI BEACH FL 33140

5930 N. BAY ROAD
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified

05/06/1996

4. FEI Number

65-0663084

Applied For
Not Applicable

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

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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

10. Name and Address of New Registered Agent

KANE, ELIZABETH
5930 N. BAY ROAD
MIAMI BEACH FL 33140

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: *Elizabeth Kane*

(NOTE: Registered Agent signature required when reinstating)

DATE

March 23, 1998

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERACASA, ALFREDO	
STREET ADDRESS	5930 N. BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CAROL IACOVILLI	
1.3 STREET ADDRESS	46 STAR IS. DR.	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33129	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KANE, ELIZABETH	
STREET ADDRESS	5930 N. BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARC IACOVILLI	
2.3 STREET ADDRESS	46 STAR ISLAND DR.	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33129	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERACASA, ENRIQUE	
STREET ADDRESS	P.O.B. INTERNATIONAL 484, POB 02-5255	
CITY-ST-ZIP	MIAMI BEACH FL 33102-5255	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RAUL SUAREZ	
3.3 STREET ADDRESS	30 EAST 68 ST.	
3.4 CITY-ST-ZIP	N.Y., N.Y. 10021	

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	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

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	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

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	

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, or on an attachment with an address.

SIGNATURE:

Elizabeth Kane

March 23, 1998

305.866-2550

CR2E037 (10/97)