


FILE NOW: FILING FEE IS \$61.25

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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 5930 N. BAY ROAD MIAMI BEACH FL 33140	Mailing Address 5930 N. BAY ROAD MIAMI BEACH FL 33140
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3. Date Incorporated or Qualified 05/06/1996	
4. FEI Number 65-0663084	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
KANE, ELIZABETH 5930 N. BAY ROAD MIAMI BEACH FL 33140	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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: **March 23, 1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERACASA, ALFREDO	1.2 NAME	CAROL IACOVELLI
STREET ADDRESS	5930 N. BAY ROAD	1.3 STREET ADDRESS	46 STAR IS. DR.
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33129
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANE, ELIZABETH	2.2 NAME	MARC IACOVELLI
STREET ADDRESS	5930 N. BAY ROAD	2.3 STREET ADDRESS	46 STAR ISLAND DR.
CITY-ST-ZIP	MIAMI BEACH FL 33140	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33129
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERACASA, ENRIQUE	3.2 NAME	RAUL SUAREZ
STREET ADDRESS	P.O.B. INTERNATIONAL 484, POB 02-5255	3.3 STREET ADDRESS	30 EAST 68 ST.
CITY-ST-ZIP	MIAMI BEACH FL 33102-5255	3.4 CITY-ST-ZIP	N.Y., N.Y. 10021
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERACASA, MARUJA	4.2 NAME	
STREET ADDRESS	P.O.B.A. INTERNATIONAL 484, POB 02-5255	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33102-5255	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERACASA, LILLIAN	5.2 NAME	
STREET ADDRESS	P.O.B.A. INTERNATIONAL 484, POB 02-5255	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33102-5255	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERACASA, PATRICIA	6.2 NAME	
STREET ADDRESS	P.O.B.A. INTERNATIONAL 484, POB 02-5255	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33102-5255	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* DATE: **March 23, 1998** 305.866.2550

CR2E037 (10/97)