


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 17, 1999 8:00 am**  
**Secretary of State**

08-17-1999 90009 015 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000002407** ✓

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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606632-90009-15 2 \*



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/06/1996	4. FEI Number 65-0663084	Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE BERACASA, ALFREDO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5930 N. BAY ROAD	1.2 NAME	
STREET ADDRESS	MIAMI BEACH FL 33140	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE KANE, ELIZABETH	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5930 N. BAY ROAD	2.2 NAME	
STREET ADDRESS	MIAMI BEACH FL 33140	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE BERACASA, ENRIQUE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O.B. INTERNATIONAL 484, POB 02-5255	3.2 NAME	
STREET ADDRESS	MIAMI BEACH FL 33102-5255	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE BERACASA, MARUJA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O.B.A. INTERNATIONAL 484, POB 02-5255	4.2 NAME	
STREET ADDRESS	MIAMI BEACH FL 33102-5255	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE BERACASA, LILLIAN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O.B.A. INTERNATIONAL 484, POB 02-5255	5.2 NAME	
STREET ADDRESS	MIAMI BEACH FL 33102-5255	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE BERACASA, PATRICIA	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O.B.A. INTERNATIONAL 484, POB 02-5255	6.2 NAME	
STREET ADDRESS	MIAMI BEACH FL 33102-5255	6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Elizabeth Kane **REQUIRE** Aug 13, 1999 305.866.7300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)