## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (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** 

## DOCUMENT # N96000005792 (4)

UNIVERSIDAD DE PALMERMO FOUNDATION, INC.

**APPROVED** AND

1997 SEP 26 PM 12: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

51		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
Principal Place of Business		Malling Address					4 188111191 918 18110 81111 BEIN 88111 <b>8</b>				
1240 \$ BISCAYNE POINT RD		1240 S BISCAYNE POINT RD									
MIAMI BEACH FL 33139		MIAMI BEACH FL 33139				DO NOT WRITE IN THIS SPACE					
						-	3. Date Incorporated or Qualified		e of Last F	Report	
							11/08/1996				
·	Place of Business	2a. Mailing Address					4. FEI Number		A	pplied Fo	Of
Suite, Apt.	# -1-	26					65-0712820			ot Applic	
22 Suite, Apr.	₩, <b>Θ</b> (C.	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Addition: equired	al
City & Sta	te	City & State					6. Election Campaign Financing			_ <del>`</del>	
23		28	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees				
Ziρ	Country	Zip	Cour	untry 8. Ti			8. This corporation owes or has pai	d the curre			
24	25	29					Personal Property Tax due June 30. Yes No				
	9. Name and Address of Curre	nt Registered Agent		61			10. Name and Address of New Reg	Jistered A	gent		
0401155	0145150.5			וים	Name						
SACHER, CHARLES P				62	Street	Addres	s (P.O. Box Number is Not Acceptab	e)			
2655 LEJEUNE RD SUITE 1101			-	B3			· · · · · · · · · · · · · · · · · · ·		<del></del>		
	GABLES FL 33139		į								
COIUL	GADDEO 1 E 00 100		ŀ	84	City			FL	<b>65</b> Zip	Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Stal	tutes, the ab	ove	-named	corpor	ation submits this statement for the pr	urpose of (	hanging i	ts registr	ered
office or agent. I a	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change wa gations of, Section 617.0503,	s authorized Florida Statu	l by Ites	the corp	poration	ation submits this statement for the pa 's board of directors. I hereby accep	t the appo	intment as	register	ed
SIGNATURE											1
	Signature, typed or printed name of registered as		OTE: Registered	Age	nt signature	e required v		DATE			
12.	OFFICERS AT	ND DIRECTORS  DELETE	13.			T	ADDITIONS/CHANGES TO OFFIC		DIRECTOR  Change	RS IN 12	
NAME	WOLFE, GREGORY B	EJ PECETE	1.2 NAM					_	-		
STREET ADDRESS	1240 S BISCAYNE POINT RD	)					7000023 -09/23/9	3701		.n1 2	J
CITY-ST-ZIP	MIAMI BEACH FL 33139			1.3 STREET ADDRESS 1.4 CITY+ST-ZIP				1,25	本本本本本	61 21	⊏
TITLE	D	DELETE	2.1 7171			· · · · ·			Change	Ad	
NAME	MINOR, H. CALVIN	INOR, H. CALVIN		2.2 NAME			7000023	:06:	537		1
STREET ADDRESS	7 QUEEN'S LN		2.3 STF	2.3 STREET ADDRESS			-09/29/9	9701	.148	014	
0111-01-21	PENNINGTON NJ 08534		2. 4 CI	_	T-ZIP	ļ	****175	5.00	米米米米1		_
TITLE	D ADTACTAIA DAEAEI	☐ DELETE	3.1 TITI					Ĺ	Change	☐ Add	dition
NAME	Cartagena, Rafael   Delcasse no 20-condom	INIO DE MAD ADT 600	3.2 NA								
STREET ADORESS	SAN JUAN DE PUERTO RICC				ADDRESS						
CITY-ST-ZIP TITLE	D DAN JUAN DE POENTO NICC	DELETE	3.4. CiT 4.1 TiTU		1 - ZIP			—	Change	114	dition
NAME	POPOVSKY, RICARDO H	<u></u>	4. 2 NA					_	Change		
STREET ADDRESS	UNIVERSIDAD DE PALERMO MARIO BRAVO 1302			4.3 STREET ADDRESS							
CITY-ST-ZIP	1175 BUENOS AIRES ARGEN		4.4 CIT								
TITLE	D	. XX DELETE	5.1 TITE					[	Change	Add	dition
NAME	LAVIGNOLLE, JUAN C		5.2 NA	ИE					-		
STREET ADDRESS	UNIVERSIDAD DE PALERMO		5.3 STR	EET .	ADDRESS						
CITY-ST-ZIP	1175 BUENOS AIRES ARGEN		5.4 CIT	Y - ST	-ZIP		<u> </u>		^	١	
TITLE	D	☐ DELETE	6.1 TITL	.E			·	Ţ	☐ Chappe	<i>J</i> 🗆 🐼	olinon
NAME	Alberto Noguera		6.2 NAN	۸£					`\#\\\\	1.1	1,
STREET ADDRESS	Alberto Noguera Balcarce 2158 (1640)Martinez		6.3 STR	EET.	ADDRESS				~ (A)	mr.	- 1

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 to 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