

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90196 003 ****61.25

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1. Corporation Name

UNIVERSIDAD DE PALERMO FOUNDATION, INC.

Principal Place of Business

1240 S BISCAYNE POINT RD
MIAMI BEACH FL 33139

Mailing Address

1240 S BISCAYNE POINT RD
MIAMI BEACH FL 33139



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

11/08/1996

4. FEI Number

65-0712820

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SACHER, CHARLES P
2655 LEJEUNE RD
SUITE 1101
CORAL GABLES FL 33139

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BOEHLER, MARCI CRISTINA
STREET ADDRESS 3030 NE 19TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33305

TITLE D ☐ DELETE
NAME MINOR, H. CALVIN
STREET ADDRESS 7 QUEEN'S LN
CITY-ST-ZIP PENNINGTON NJ 08534

TITLE D ☐ DELETE
NAME CARTAGENA, RAFAEL
STREET ADDRESS DELCASSE NO 20-CONDOMINIO DE MAR APT 603
CITY-ST-ZIP SAN JUAN DE PUERTO RICO

TITLE D ☐ DELETE
NAME POPOVSKY, RICARDO H
STREET ADDRESS UNIVERSIDAD DE PALERMO MARIO BRAVO 1302
CITY-ST-ZIP 1175 BUENOS AIRES ARGENTINA

TITLE D ☒ DELETE
NAME LAVIGNOLLE, JUAN C
STREET ADDRESS UNIVERSIDAD DE PALERMO MARIO BRAVO 1302
CITY-ST-ZIP 1175 BUENOS AIRES ARGENTINA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME GREGORY BAKER WOLFE
1.3 STREET ADDRESS 1240 S. BISCAYNE POINT RD
1.4 CITY-ST-ZIP MIAMI 33141 FL.

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME MIGUEL ANGEL ESCOBAR
2.3 STREET ADDRESS 2130 SW 94th Court
2.4 CITY-ST-ZIP MIAMI FL 33165

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME STUART SUTIN
3.3 STREET ADDRESS 610 DERKSHIRE DR
3.4 CITY-ST-ZIP PITTSBURGH, PA 15215

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)