03241999-90040-004-$70.00-$70.00

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

339865 - 90724 - 41

DOCUMENT # N98000003078

1. Corporation Name

FOUNDATION FOR ENTREPRENEURSHIP AND STRATEGIC PA RTNERING IN THE AMERICAS, INC.

Principal Place of Business	Mailing Address
2972 AVENTURA BLVD SUITE 200 AVENTURA FL 33180	2972 AVENTURA BLVD SUITE 200 AVENTURA FL 33180

2. Principal Place of Business 21 UM/J.L. Knight Center	2a. Mailing Address 26 UM/J.L. Knight Center	3. Date Incorporated or Qualified 05/29/1998
Suite, Apt. #, etc. 22 400 S.E. 2nd Ave. 4th Floor	Suite, Apt. #, etc. 27 400 S.E. 2nd Ave 4th Floor	4. FEI Number 65-0889237 ☐ Applied For ☐ Not Applicable
City & State 23 Miami, FL	City & State 28 Miami, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 33131-2117 25	Zip / Country 29 33131-2117 30	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
AMERICAN INFORMATION SERVICES, INC. ONE SE THIRD AVE, 28TH FLOOR MIAMI FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME PRESIDENT STREET ADDRESS ROBERT H. BULL CITY-ST-ZIP 10300 SW 62 AVE Miami, FL 33156	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME ~~MANUEL A. SOSA~~ STREET ADDRESS ~~SECRETARY~~ CITY-ST-ZIP ~~16200 ONEIDA PLACE~~ ~~DAVIE, FL 33331~~	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME ~~DAVID A. MCMANUS~~ STREET ADDRESS ~~TREASURER~~ CITY-ST-ZIP ~~7700 SW 120 ST~~ ~~MIAMI, FL 33156~~	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME SECRETARY STREET ADDRESS MANUEL A. SOSA CITY-ST-ZIP 16200 ONEIDA PLACE DAVIE, FL 33331	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME TREASURER STREET ADDRESS DAVID A. MCMANUS CITY-ST-ZIP 7700 SW 120 STREET MIAMI, FL 33156	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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: Robert H. Bull ROBERT H. BULL 5/15/99 (305) 665-7372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #