

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 30, 1999 8:00 am  
Secretary of State

04-30-1999 90170 002 \*\*\*\*61.25

0029672

DOCUMENT # N98000005210

1. Corporation Name

THE DYNAMICS FOUNDATION INC.

Principal Place of Business

1401 BRICKELL AVE., SUITE 1060  
MIAMI FL 33131

Mailing Address

1401 BRICKELL AVE., SUITE 1060  
MIAMI FL 33131



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/08/1998

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0862482

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AGRAMUNT, LUIS  
1221 BRICKELL AVE., SUITE 1100  
MIAMI FL 33131

81 Name JURIS MAGISTER

82 Street Address (P.O. Box Number is Not Acceptable)

1221 Brickell Ave., Ste 1100

83

84

City Miami

FL

85

Zip Code 33131

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, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME DE LAS, BIANCA  
STREET ADDRESS 1401 BRICKELL AVE., SUITE 1060  
CITY-ST-ZIP MIAMI FL 33131

DELETE

1.1 TITLE Secretary  
1.2 NAME Eulalia Mascort  
1.3 STREET ADDRESS 1401 Brickell Ave., Ste. #1060  
1.4 CITY-ST-ZIP miami, FL 33131

Change

Addition

TITLE  
NAME GONZALEZ, BLANCA-LUZ  
STREET ADDRESS 1401 BRICKELL AVE., SUITE 1060  
CITY-ST-ZIP MIAMI FL 33131

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change

Addition

TITLE  
NAME BOLUDA, ANTONIO JOSE  
STREET ADDRESS 1401 BRICKELL AVE., SUITE 1060  
CITY-ST-ZIP MIAMI FL 33131

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change

Addition

TITLE  
NAME AGRAMUNT, LUIS  
STREET ADDRESS 1401 BRICKELL AVE., SUITE 1060  
CITY-ST-ZIP MIAMI FL 33131

DELETE

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

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (305) 373-5802

Date

Daytime Phone #

CR2E037 (1/198)