

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90277 040 ***70.00

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1. Entity Name
JACQUES MARITAIN FOUNDATION, INC.

Principal Place of Business

8250 S.W. 31ST ST.
MIAMI, FL 33155

Mailing Address

8250 S.W. 31ST ST.
MIAMI, FL 33155

94076861



DO NOT WRITE IN THIS SPACE

04272004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0959546

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RASCO, JOSE I
8250 S.W. 31ST ST.
MIAMI, FL 33155

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RASCO, JOSE I
STREET ADDRESS	8250 S.W. 31ST ST.
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D
NAME	DE ARAGON, UVA
STREET ADDRESS	9922 S.W. 2 ST.
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	D
NAME	GUERRA, PEDRO L
STREET ADDRESS	7860 S.W. 22 ST.
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/04 (305) 223-1146
Date Daytime Phone #