

**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).**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**97 NOV -4 PM 1:33**

*mtu*  
*11/5*

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P40883 (1)**  
 1. Corporation Name  
**PAN AMERICAN DEVELOPMENT FOUNDATION, INC.**  
**REINSTATEMENT 1997**



Principal Place of Business Mailing Address

1889 F ST., NW SUITE 850 WASHINGTON DC 20006 US  
 1889 F ST., NW STE. 850 WASHINGTON DC 20006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/12/1992** 3a. Date of Last Report **03/06/1996 1-21-97**

4. FEI Number **52-6054268** 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**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **2600 16th Street NW** 26 **2600 16th Street NW**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 **Washington, DC** 28 **Washington, DC**

24 **20009-4202** 25 **US** 29 **20009-4202** 30 **US**

9. Name and Address of Current Registered Agent

**BROWN, STACY**  
**110 SHEPARD TRAIL**  
**LONGWOOD FL 32760**

10. Name and Address of New Registered Agent

81 Name **Corporation Company of Miami**

82 Street Address (P.O. Box Number is Not Acceptable) **c/o Bowman Brown, Esq.**

83 **201 S. Biscayne Blvd., 1600 Miami Center**

84 City **Miami** 85 Zip Code **FL 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 By: *Jill Zarnas*  
*Jill Zarnas, Asst. Secy.*  
 Signature, typed or printed name of agent, and title if applicable (N/A for registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GAVIRIA TRUJILLO, CESAR	
STREET ADDRESS	17TH & CONSTITUTION AVE.	
CITY-ST-ZIP	WASHINGTON D.C.	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KRLOFF, GEORGE	
STREET ADDRESS	601 13TH ST., NW STE.310	
CITY-ST-ZIP	WASHINGTON D.C. 20005	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KIMBERLY, WILLIAM E.	
STREET ADDRESS	1250 24TH ST., NW, SUITE 7	
CITY-ST-ZIP	WASHINGTON D.C.	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WINSOR, CURTIN, JR.	
STREET ADDRESS	317 KIRBY RD	
CITY-ST-ZIP	MCLEAN VA 22101	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RIOS, DR. JORGE	
STREET ADDRESS	2150 PENNSYLVANIA AVE.	
CITY-ST-ZIP	WASHINGTON D.C.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REITZ, PETER	
STREET ADDRESS	1889 F ST. NW	
CITY-ST-ZIP	WASHINGTON D.C.	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jack Heller	
1.3 STREET ADDRESS	1501 M Street NW 8th Floor	
1.4 CITY-ST-ZIP	Washington, DC 20005-1702	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RIOS, JORGE C.	
2.3 STREET ADDRESS	The George Washington University	
2.4 CITY-ST-ZIP	2300 Eye Street NW Suite 714	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HOGAN, NADINE	
4.3 STREET ADDRESS	1215 Russell Road	
4.4 CITY-ST-ZIP	Alexandria, VA 22301	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MOORE, ROBERT	
5.3 STREET ADDRESS	1929 39th Street NW	
5.4 CITY-ST-ZIP	Washington, DC 20007	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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.

*SIGNATURE REQUIRED*  
*dat 10/97*

CR2E037 (4/97)