

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 02 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P40883 (1)</b> 1. Corporation Name <b>PAN AMERICAN DEVELOPMENT FOUNDATION, INC.</b>		



Principal Place of Business 2600 16TH STREET NW WASHINGTON DC 20009-4202 US	Mailing Address 2600 16TH STREET NW WASHINGTON DC 20009-4202 US
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3. Date Incorporated or Qualified <b>10/12/1992</b>	
4. FEI Number <b>52-6054268</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  CORPORATION COMPANY OF MIAMI C/O BOWMAN BROWN, ESQ. 201 S. BISCAYNE BLVD 1600 MIAMI CTR MIAMI FL 33131
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	CD	<input type="checkbox"/>
NAME	GAVIRIA TRUJILLO, CESAR	
STREET ADDRESS	17TH & CONSTITUTION AVE.	
CITY-ST-ZIP	WASHINGTON D.C.	
TITLE	PD	<input type="checkbox"/>
NAME	RIOS, JORGE C.	
STREET ADDRESS	2300 EYE STREET NW SUITE 714	
CITY-ST-ZIP	WASHINGTON D.C.	
TITLE	VD	<input type="checkbox"/>
NAME	HELLER, JACK	
STREET ADDRESS	1501 M STREET NW 8TH FLOOR	
CITY-ST-ZIP	WASHINGTON D.C.	
TITLE	SD	<input type="checkbox"/>
NAME	HOGAN, NADINE	
STREET ADDRESS	1215 RUSSELL ROAD	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	TD	<input type="checkbox"/>
NAME	MOORE, ROBERT	
STREET ADDRESS	1929 39TH STREET NW	
CITY-ST-ZIP	WASHINGTON D.C.	
TITLE	D	<input checked="" type="checkbox"/>
NAME	REITZ, PETER	
STREET ADDRESS	1889 F ST. NW	
CITY-ST-ZIP	WASHINGTON D.C.	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

**SIGNATURE:** *Robert Moore* **Moore** January 13, 1998 (202) 223-1183

CR2E037 (10/97)