

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 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
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DOCUMENT # **N13115** (3)

1. Corporation Name

**PAN AM HISTORICAL FOUNDATION, INC.**



Principal Place of Business	Mailing Address
<b>9855 S.W. 90TH AVE MIAMI FL 33176 US</b>	<b>9855 S.W. 90TH AVE MIAMI FL 33176 US</b>

3. Date Incorporated or Qualified <b>01/23/1986</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2653271</b>	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

5. Certificate of Status Desired <input 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	

9. Name and Address of Current Registered Agent	
<b>BRASWELL, JULIAN H 9855 S.W. 90TH AVENUE MIAMI FL 33176</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
<b>FL</b>	

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD TRIPPE, EDWARD S</b>
STREET ADDRESS	<b>230 PARK AVENUE, SUITE 1450</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD ROTTSCHE, PAUL</b>
STREET ADDRESS	<b>39 JOHN STREET</b>
CITY-ST-ZIP	<b>GREENWICH CO</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD CLAIR, KATHLEEN M</b>
STREET ADDRESS	<b>285 AVENUE C, APT. 8-C</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D ABRAMS, D.</b>
STREET ADDRESS	<b>7236 SW 55TH AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>TD WHITE, FRANK</b>
STREET ADDRESS	<b>2020 COYLE STREET</b>
CITY-ST-ZIP	<b>BROOKLYN NY</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>TD JENNIE SEFTON</b>
1.3 STREET ADDRESS	<b>78 LAWRENCE PARK TERRACE</b>
1.4 CITY-ST-ZIP	<b>BRONXVILLE, NY 10708</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X

*David Abrams, Director*

2/12/98

305-467-2329

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