FLORIDA ANNUAL REPORT 1995

Filed
Secretary of State
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729846 (6)

1. Corporation Name
DIABETES RESEARCH INSTITUTE FOUNDATION, INC.

Principal Place of Business	Mailing Address
8800 NW 52ND TERRACE, SUITE 202 MIAMI FL 33166	3440 HOLLYWOOD BLVD. #100 HOLLYWOOD FL 33021 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1974
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-1361955 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3440 Hollywood Blvd	26
Suite, Apt. #, etc. 22 Ste 100	Suite, Apt. #, etc. 27
City & State 23 Hollywood, FL	City & State 28
Zip 24 33021	Zip 29
Country 25 USA	Country 30

9. Name and Address of Current Registered Agent

KLEIMAN, MARTIN
5625 N. BAY ROAD
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	AISSEN, DAVID MR & MRS	1.2 NAME	
STREET ADDRESS	12015 SW 94TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	~~D~~	2.1 TITLE	D ☒ Change ☐ Addition
NAME	~~COHEN, MICHAEL (MR & MRS~~	2.2 NAME	Sanbery, Steven
STREET ADDRESS	~~2949 S BAYSHORE DR #16F~~	2.3 STREET ADDRESS	2E. Broward Blvd., Ste. 1300
CITY-ST-ZIP	~~COCONUT GROVE FL~~	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BEBER, BERNARD DR & MRS	3.2 NAME	
STREET ADDRESS	7345 SW 133 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	EVP	4.1 TITLE	☐ Change ☐ Addition
NAME	PEARLMAN, ROBERT A	4.2 NAME	
STREET ADDRESS	8195 A SEVERN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CALLES, JUAN MR & MRS	5.2 NAME	
STREET ADDRESS	1120 ALFONSO AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DRURY, JOHN (MR & MRS)	6.2 NAME	
STREET ADDRESS	4992 N.W. 97 DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 4/21/95 305-964-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert A. Pearlman

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