

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 729846 (6)
1. Corporation Name
DIABETES RESEARCH INSTITUTE FOUNDATION, INC.



Principal Place of Business
**3440 HOLLYWOOD BLVD
STE 100
HOLLYWOOD FL 33021
US**

Mailing Address
**3440 HOLLYWOOD BLVD.
#100
HOLLYWOOD FL 33021
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/21/1974		3a. Date of Last Report 04/25/1995	
21		26		4. FEI Number 59-1361955		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

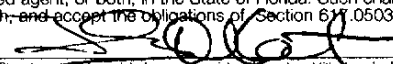
9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	Thomas O. Katz, Esq.		
82 Street Address (P.O. Box Number is Not Acceptable)	Ruden, McClosky, Smith		
83	200 East Broward Blvd. 15th Floor		
84 City	Ft. Lauderdale	85 State	FL
		86 Zip Code	33301

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 

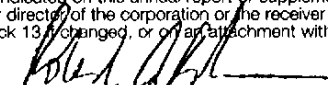
(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	AISSSEN, 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	☐ DELETE		2.1 TITLE	☒ Change ☐ Addition		
NAME	SANBERG, STEVEN			2.2 NAME	Sonberg, Steven		
STREET ADDRESS	2 EAST BROWARD BLVD, STE 1300			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		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	☐ DELETE		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	☐ DELETE		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	☐ DELETE		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 or changed, or on an attachment with an address.

SIGNATURE:  **Robert A. Pearlman**

3/18/96

954-964-4040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)