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Apr 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 738910 (9)  
1. Corporation Name  
UNIVERSAL AID FOR CHILDREN, INC.



Principal Place of Business: 1600 S. FEDERAL HWY. 2ND FLOOR HOLLYWOOD FL 33020  
Mailing Address: FIRST UNION BANK BUILDING, 2ND FLOOR 1600 SOUTH FEDERAL HWY. HOLLYWOOD FL 33020-6346

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

3. Date Incorporated or Qualified: 05/11/1977  
3a. Date of Last Report: 04/24/1996  
4. FEI Number: 59-1739205  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
KELLOGG, LORRI S.  
256 S.W. 10TH COURT  
POMPANO BEACH FL 33060

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President - PD
NAME	MURRAY, KEVIN	1.2 NAME	Ray Shamer
STREET ADDRESS	5326 ALTON RD	1.3 STREET ADDRESS	15904 SW 300 Terrace
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	Homestead, FL 33033
TITLE	EVD	2.1 TITLE	Vice-President - EVD
NAME	SCHWARTZ, DARRELL	2.2 NAME	Murray Kevin
STREET ADDRESS	16806 ROYAL POINCIANA DR.	2.3 STREET ADDRESS	5326 Alton Road
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	VD	3.1 TITLE	Vice-President - VD
NAME	GINSBURG, ROBERT	3.2 NAME	Pomeroy, Robert
STREET ADDRESS	19101 W OAKMONT DR	3.3 STREET ADDRESS	408 N.E. 8th Avenue
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	FT. Lauderdale, FL 33301
TITLE	SD	4.1 TITLE	Secretary - SD
NAME	LAROCHE, YVONNE	4.2 NAME	Markovic Rebecca
STREET ADDRESS	7340 COLDSTREAM DR.	4.3 STREET ADDRESS	7130 Coral Blvd.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miramar, FL 33023
TITLE	TD	5.1 TITLE	Treasurer - TD
NAME	GRIFFIN, JIM	5.2 NAME	Steiner, Pat
STREET ADDRESS	12209 SW 52 ST.	5.3 STREET ADDRESS	7660 SW 146th Street
CITY-ST-ZIP	COOPER CITY FL	5.4 CITY-ST-ZIP	Miami, FL 33158
TITLE	D	6.1 TITLE	
NAME	MARKOVIC, REBECCA	6.2 NAME	
STREET ADDRESS	7130 CORAL BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	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 \_\_\_\_\_ DATE 3/10/97 315-252-4801

CR2E037 (9/96)