## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 770747 1. Corporation Name

COMMUNITY AIDS RESOURCE, INC.

Principal Place	e of Business	Mailing Address						
5050 BISCAYNE MIAMI FL 3313 US		5050 BISCAYNE BLVD MIAMI FL 33137 US						
225 N	E 34th St							
	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed		
Ste.		26 1320 So. Dix	26 1320 So. Dixie Hwy.			- 10/14/1983		•
Suite, Apt.		Suite, Apt. #, etc.				4. FEI Number		Applied For
Miami		27 Ste. 485				59-2564198		lot Applicable
City & State		City & State -	T			5. Certificate of Status Desired	<b>+</b>	Additional
33137	USA	28 Miami, FL				o. Opiniodio oi Gallio Positio		Required
Zip	Country	Zip	Co	untry		6. Election Campaign Financing		May Be
24	25		30 [	<u>JSA</u>		Trust Fund Contribution		to Fees
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
				°'	Name	~		
BLUM, SAI	MUEL, ESQ.			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	-	
2951 S. B	AYSHORE DR. #811		•	00				
MIAMI FL:	33133			83				
	. •			84	City	<i>i</i> <b>F</b> -1	85 Zi	Code
	·					rporation submits this statement for the purpose of		
agent. I a	m familiar with, and accept the obli	gations of, Section 617.0503, Flor	noa Sia	ilules.		ntion's board of directors. I hereby accept the appointed when reinstation)		
	Signature, typed or printed name of registered a		Registere		signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
12.		AND DIRECTORS	_	TILE		NBBINENBON NBBINE	☐ Change	
TITLE	PD			AME				
NAME	ALVAREZ, BETTY				ADDRESS			
STREET ADDRESS			- 1	CITY-ST			•	
CITY-ST-ZIP	MIAMI FL 33143	X DELETE	_	IIILE		VD	☐ Change	e Addition
TITLE	VD	49 - 4-2		VAME	- 1	Michelle Alvarez		
NAME	CORBETT, RUSSELL					99 NE 4th Street, 6th Floo		
STREET ADDRESS				CITY-SI	1		Ľ	
TITLE -	MIAMI FL 33143	☐ DELETE	_	ITILE	:	Miami, FL 33132	[X Change	e 🔲 Addition
	TD			VAME				•
NAME	PEDROSO, GLENDA		1		ADDRESS			
STREET ADDRESS	1.00 01.001.000			CITY-ST				
CITY-ST-ZIP TITLE	MIAMI FL 33131	(X) DELETE	_	TITLE		SD	☐ Chang	e Addition
NAME	177.			NAME	1	Fred Snitzer	**	
	POOLER, TERESA 940 N.E. 74 AVE.				I	3078 SW 38th St.		·
STREET ADDRESS				CITY-ST		Coral Gables, FL 33146		
C/TY-ST-ZIP TITLE	MIAMI FL 33138	X DELETE		ITILE		MD	☐ Chang	e 🔲 Addition
NAME	MD   HICKS, GLENDA	<b></b>		NAME		Richard Siclari		
STREET ADDRESS	!		5.3	STREET		1320 South Dixie Hwy., Ste	485	
CITY-ST-ZIP	MIAMI FL 33137		5.40	CITY-ST		Coral Gables, FL 33146	• 403	
TITLE	MINIMAL LE 20131	☐ DELETE	6.1	IIILE			Change	e
NAME	1		621	NAME				
STREET ADDRESS	1		6.3	STREET	ADDRESS			
GIRLLI ADDRESS	l	_	640	CITY-ST	-7IP			

14. I hereby certify that the information supplied with this filing does not chalify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 trusted empowered the 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 ap attachment with an address, with all other like empowered.

SIGNATURE:

FILED
Mar 25, 1999 8:00 am §

03-25-1999 90014 017 \*\*\*\*61.25