

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 4:31

DOCUMENT # N23672 (1)

1. Corporation Name
JACKSON MEMORIAL FOUNDATION, INC.

Principal Place of Business Mailing Address
1755 NW 12TH AVE. 1611 NW 12TH AVENUE
STE. 324, ROYCE BLDG. C/O ALAMO
MIAMI FL 33136 MIAMI FL 33136
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/01/1987 3a. Date of Last Report 03/07/1994
4. FEI Number 65-0077720 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 1500 NW 12 Ave 26 1500 NW 12 Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 1129 27 Suite 1129
City & State City & State
23 Miami FL 28 Miami FL
Zip Country Zip Country
24 33136 25 DADE 29 33136 30 DADE

9. Name and Address of Current Registered Agent
RODRIGUEZ, ROLANDO, D
1755 NW 12 AVE.
STE. 324
MIAMI FL 33136-8005

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 1500 NW 12 Ave
84 City Suite 1129
85 Miami FL 86 Zip Code 33136

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 *[Signature]* ROLANDO D. RODRIGUEZ EXEC. DIRECTOR 1/13/95
(Signature of current or former agent need not be applicable) (NOTE: Registered Agent signature required when mandating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	WEISS, RICHARD J.
STREET ADDRESS	2665 S. BAYSHORE DRIVE
CITY - ST - ZIP	MIAMI FL
TITLE	C
NAME	HUDSON, SHERRILL
STREET ADDRESS	100 S.E. 2ND STREET, SUITE 2500
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	KISLAK, JONATHAN
STREET ADDRESS	701 BRICKELL AVENUE
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	CANTON, MIKKI
STREET ADDRESS	701 BRICKELL AVE., 30TH FLOOR
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	WEISS, JAY W.
STREET ADDRESS	1600 NW 103RD STREET
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	CANCELA, JOSE, C
STREET ADDRESS	2340 W. 8TH AVENUE
CITY - ST - ZIP	HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/14/94 805 5857260
(Signature and typed or printed name of signing officer or director) (Typed Name #)