

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

FILED  
 Jun 14, 1996 08:00 AM  
 Secretary of State

DOCUMENT # N23672 (1)

1. Corporation Name  
 JACKSON MEMORIAL FOUNDATION, INC.



Principal Place of Business  
 1500 NW 12 AVE.  
 SUITE 1129  
 MIAMI FL 33136  
 US

Mailing Address  
 1500 NW 12 AVE.  
 SUITE 1129  
 MIAMI FL 33136  
 US

3. Date Incorporated or Qualified 12/01/1987  
 3a. Date of Last Report 02/07/1995

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

RODRIGUEZ, ROLANDO, D  
 1500 NW 12 AVE.  
 SUITE 1129  
 MIAMI FL 33136

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	WEISS, RICHARD J.	2685 S. BAYSHORE DRIVE	MIAMI FL	<input type="checkbox"/>
C	HUDSON, SHERRILL	100 S.E. 2ND STREET, SUITE 2500	MIAMI FL	<input type="checkbox"/>
TU	KISLAK, JONATHAN	701 BRICKELL AVENUE	MIAMI FL	<input type="checkbox"/>
S	CANTON, MKKI	701 BRICKELL AVE., 30TH FLOOR	MIAMI FL	<input type="checkbox"/>
D	WEISS, JAY W.	1600 NW 163RD STREET	MIAMI FL	<input checked="" type="checkbox"/>
D	CANCELA, JOSE, C	2340 W. 8TH AVENUE	HAIALEAH FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
(C)	Gerald Riordan	3600 NW 82 AVE	MIAMI FL 33166	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	Edgar Jones, Jr	201 S. Biscayne Blvd #3180	MIAMI FL 33131	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 305-585-7260  
 Date Daytime Phone #

CR2E037 (3/96)