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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90238 048 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23672 ✓
Corporation Name
JACKSON MEMORIAL FOUNDATION, INC.

Principal Place of Business
1500 NW 12 AVE.
1129
FL 33138

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



Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 12/01/1987	
Suits, Apt. #, etc.		26	4. FEI Number 65-0077720	
City & State		27	Applied For Not Applicable	
Zip		28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		30		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
RODRIGUEZ, ROLANDO, D 1500 NW 12 AVE. SUITE 1129 MIAMI FL 33136			81 Name	
			82 Street Address (P.O. Box Number is Not Acceptable)	
			83	
			84 City	
			85 Zip Code	

I, 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		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)				DATE	
2.		13.			
D WEISS, RICHARD J. 2665 S. BAYSHORE DRIVE MIAMI FL		<input checked="" type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP PLANS, CARLOS 8250 SW 8ST MIAMI, FL VICECHAIRMAN	
T JONES, EDGAR JR 1200 BRICKELL AVE MIAMI FL		<input type="checkbox"/> DELETE Director		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DURBIN, KEN 1050 Caribbean Way MIAMI, FL TREASURER	
S HERNANDEZ, ALMA 701 BRICKELL AVE #1110 MIAMI FL		<input type="checkbox"/> DELETE Secretary		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
C MYERS, WILLIAM 701 BRICKELL AVE #3300 MIAMI FL		<input checked="" type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
D CANCELA, ROSY 375 MIRACLE MILE CORAL GABLES FL 33154		<input type="checkbox"/> DELETE CHAIRMAN		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
D RODRIGUEZ, ROLANDO 2728 ALTON ROAD MIAMI BEACH FL 33140		<input type="checkbox"/> DELETE Director		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

4. I 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, with all other like empowered.

SIGNATURE: X X 4/20/95 (305) 585-7260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 9037 (11/98)