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NONPROFIT CORPORATION ANNUAL REPORT 1999



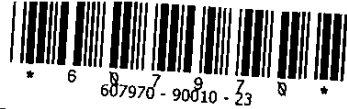
FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #

N33342 ✓

1. Corporation Name

SOUTH FLORIDA ALA CHARITY FUND INCORPORATED



Principal Place of Business

Mailing Address

2. Principal Place of Business

21 40 HOLLAND & KNIGHT LLP

2a. Mailing Address

26 40 HOLLAND & KNIGHT LLP

3. Date Incorporated or Qualified

7/21/89

Suite, Apt. #, etc.

22 701 BRICKELL AVE #3000

Suite, Apt. #, etc.

27 701 BRICKELL AVE #3000

4. FEI Number

65-0145698

Applied For

Not Applicable

City & State

23 MIAMI FL

City & State

28 MIAMI FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

24 33131 25

Zip Country

29 33131 30

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

Devita, Rose M
 200 SE 1ST ST #1100
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name CLAUDIA HOFFMAN
 82 Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE #3000
 83
 84 City MIAMI FL 85 Zip Code 33131

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

Claudia Hoffman
 8/12/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D SEBASTIAN, JUDITH DELETE
 NAME
 STREET ADDRESS 200 SO BISCAYNE BLVD #3100
 CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE D Change Addition
 1.2 NAME COHEN, BETSY
 1.3 STREET ADDRESS 2601 S BAYSHORE DR #1900
 1.4 CITY-ST-ZIP MIAMI FL 33133

TITLE TD BERCOLLA, ELSA DELETE
 NAME
 STREET ADDRESS 200 S BISCAYNE BLVD #20K
 CITY-ST-ZIP MIAMI FL 33131

2.1 TITLE T Change Addition
 2.2 NAME HIRSCH, DAVID
 2.3 STREET ADDRESS 1221 BRICKELL AVE #2200
 2.4 CITY-ST-ZIP MIAMI FL 33131

TITLE D DEVITA, ROSE M DELETE
 NAME
 STREET ADDRESS 200 SE 1ST ST #1100
 CITY-ST-ZIP MIAMI FL 33131

3.1 TITLE D Change Addition
 3.2 NAME SMITH-BILT, VICKI
 3.3 STREET ADDRESS 201 S BISCAYNE BLVD #2400
 3.4 CITY-ST-ZIP MIAMI, FL 33131

TITLE P MORAN, MARILYN DELETE
 NAME
 STREET ADDRESS 80 SW 8th ST #2550
 CITY-ST-ZIP MIAMI FL 33130

4.1 TITLE D Change Addition
 4.2 NAME MORAN, MARILYN
 4.3 STREET ADDRESS 80 SW 8th ST #2550
 4.4 CITY-ST-ZIP MIAMI FL 33130

TITLE PRESIDENT ELECT DELETE
 NAME HOFFMAN, CLAUDIA
 STREET ADDRESS 701 BRICKELL AVE #3000
 CITY-ST-ZIP MIAMI FL 33131

5.1 TITLE P Change Addition
 5.2 NAME HOFFMAN, CLAUDIA
 5.3 STREET ADDRESS 701 BRICKELL AVE #3000
 5.4 CITY-ST-ZIP MIAMI FL 33131

TITLE S WAGENER, PATRICE DELETE
 NAME
 STREET ADDRESS 200 S BISCAYNE BLVD #4670
 CITY-ST-ZIP MIAMI FL 33131

6.1 TITLE S Change Addition
 6.2 NAME SHEETS, CAROLE
 6.3 STREET ADDRESS 80 SW 8th ST #2900
 6.4 CITY-ST-ZIP MIAMI FL 33130

14. 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: *David E Hirsch* DAVID E HIRSCH, TREASURER 8/12/99 305-789-5499
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)