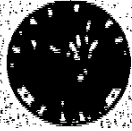


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 18 PM 11:26**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # N41887 (3)**

1. Corporation Name  
**THE BUONICONTI FUND TO CURE PARALYSIS, INC.**

Principal Place of Business Mailing Address  
**1800 NW 10 AVENUE (R-48)  
MIAMI FL 33136**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/31/1991</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>65-0244316</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**RAATTAMA, HENRY H JR  
200 S BISCAYNE BLVD  
SUITE 4500  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>FOOTE, EDWARD T</b>
STREET ADDRESS	<b>P.O. BOX 248006 (NA)</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33124-4600</b>
TITLE	<b>D</b>
NAME	<b>GLASER, LUIS PHD</b>
STREET ADDRESS	<b>P.O. BOX 248033 (NA)</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>D</b>
NAME	<b>FOGEL, BERNARD J MD</b>
STREET ADDRESS	<b>P.O. BOX 016098</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>BUNGE, RICHARD P MD</b>
STREET ADDRESS	<b>1600 NW 10 AVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>BUONICONTI, NICHOLAS A</b>
STREET ADDRESS	<b>4321 SANTA MARIA</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>CS</b>
NAME	<b>BUONICONTI, MARC</b>
STREET ADDRESS	<b>4321 SANTA MARIA</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Hanlon, Timothy D.</b>	
1.3 STREET ADDRESS	<b>65 West 55 Street, Suite 8E</b>	
1.4 CITY-ST-ZIP	<b>New York, NY 10019</b>	
2.1 TITLE	<b>C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Schneider, John A.</b>	
2.3 STREET ADDRESS	<b>711 Fifth Avenue, 9th FL</b>	
2.4 CITY-ST-ZIP	<b>New York, NY 10022</b>	
3.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Berning, Diana C.</b>	
3.3 STREET ADDRESS	<b>1600 NW 10 Avenue, R-48</b>	
3.4 CITY-ST-ZIP	<b>Miami, FL 33136</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<b>225 Arvida Parkway</b>	
5.4 CITY-ST-ZIP	<b>Coral Gables, FL 33156</b>	
6.1 TITLE	<b>VC/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Buoniconti, Marc</b>	
6.3 STREET ADDRESS	<b>225 Arvida Parkway</b>	
6.4 CITY-ST-ZIP	<b>Coral Gables, FL 33156</b>	

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: *Timothy D. Hanlon* **Timothy D. Hanlon** 4/11/95 305/547-6001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #