


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 13 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41887 (3)**  
 1. Corporation Name  
**THE BUONICONTI FUND TO CURE PARALYSIS, INC.**



Principal Place of Business <b>1600 NW 10 AVENUE (R-48) MIAMI FL 33136</b>	Mailing Address <b>1600 NW 10 AVENUE (R-48) MIAMI FL 33136-1015</b>
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3. Date Incorporated or Qualified <b>01/31/1991</b>	3a. Date of Last Report <b>06/25/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
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>

4. FEI Number <b>65-0244316</b>	Applied For <input type="checkbox"/> 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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**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**

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

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.150B, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HANLON, TIMOTHY D</b>
STREET ADDRESS	<b>1314 MARIQUE HE PLACE #1705</b>
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>SCHNEDIER, JOHN A</b>
STREET ADDRESS	<b>711 FIFTH AVENUE, 9TH FLOOR</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>BERNING, DIANA C</b>
STREET ADDRESS	<b>1600 NW 10 AVENUE, 4-48</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
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> <input type="checkbox"/> DELETE
NAME	<b>BUONICONTI, NICHOLAS A</b>
STREET ADDRESS	<b>225 ARVIDA PARKWAY</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>VCS</b> <input type="checkbox"/> DELETE
NAME	<b>BUONICONTI, MARC</b>
STREET ADDRESS	<b>225 ARVIDA PARKWAY</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>

**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 checked="" type="checkbox"/> Addition
4.2 NAME	<b>Bunge, Ph.D., Mary B.</b>
4.3 STREET ADDRESS	<b>1600 NW 10 Avenue R-48</b>
4.4 CITY-ST-ZIP	<b>Miami, FL 33136</b>
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 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E037 (9/96)