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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

339570 - 90118 - 46

DOCUMENT # N51309

1. Corporation Name
THE MICHELS CHARITABLE FOUNDATION, INCORPORATED

Principal Place of Business	Mailing Address
2321 BAYVIEW LANE N. MIAMI BEACH FL 33181-2433	2321 BAYVIEW LANE N. MIAMI BEACH FL 33181-2433

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite Apt #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 10/15/1992

4. FEI Number: 65-0365761 — 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

9. Name and Address of Current Registered Agent

RYMER, DENNIS
2321 BAYVIEW LANE
N. MIAMI BEACH FL 33181

Robert Korschun
28 West Flagler St
Miami Fla
33130
Attorney
8/10

10. Name and Address of New Registered Agent

81 Name: Robert S. Korschun
82 Street Address (P.O. Box Number is Not Acceptable): 28 W. Flagler St, 540
83 City: Miami — 84 FL — 85 Zip Code: 33130

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: Robert S. Kor — DATE: 4/8/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VTD	☐ DELETE
NAME	MICHELS, PAULINE	
STREET ADDRESS	2321 BAYVIEW LANE	
CITY-ST-ZIP	N. MIAMI BEACH FL 33181	
TITLE	EPD	☐ DELETE
NAME	RYMER, DENNIS	
STREET ADDRESS	2321 BAYVIEW LANE	
CITY-ST-ZIP	N. MIAMI BEACH FL 33181	
TITLE	SD	☐ DELETE
NAME	HALLAWAY, BIENNE	
STREET ADDRESS	3040 190ND STREET	
CITY-ST-ZIP	AVENUTRA FL 33190	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pauline Michels	☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	SAME	
1.4 CITY-ST-ZIP		
2.1 TITLE	Teddy Michel	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	5440 Polk St	
2.4 CITY-ST-ZIP	Hollywood Fla 33021	
3.1 TITLE	Robert Gaston	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	217 NE 97 St	
3.4 CITY-ST-ZIP	Miami Shores 33138	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED — Pauline Michels — 2/19/99
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #