

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90065 020 \*\*\*\*70.00

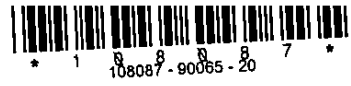
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000002871**

1. Corporation Name  
**GLSEN/MIAMI, INC.**

Principal Place of Business 6030 N.W. 40TH STREET VIRGINIA GARDENS FL 33166	Mailing Address P.O. BOX 347321 CORAL GABLES FL 33234-7321
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/09/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0476504
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOUPO, ROBERT 3229 GIFFORD LANE MIAMI FL 33133				81 Name	Loupo, Robert		
				82 Street Address (P.O. Box Number is Not Acceptable)	4169 Ventura Ave.		
				83			
				84 City	FL	85 Zip Code	33133

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 Loupo (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUPO, ROBERT	1.2 NAME	Loupo, Robert <input checked="" type="checkbox"/> address
STREET ADDRESS	3229 GIFFORD LANE	1.3 STREET ADDRESS	4169 Ventura Ave.
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIMINO, EDDA	2.2 NAME	
STREET ADDRESS	6030 N.W. 40 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHALL, CHARLES	3.2 NAME	
STREET ADDRESS	10001 W BAY HARBOR DR. #308	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRON, CHRIS	4.2 NAME	
STREET ADDRESS	11924 SW 99 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Katherine Harris SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR DATE: 1/9/99 DAYTIME PHONE #: 305/668-8415

CR2E037 (11/98)