


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000483 (6)**

1. Corporation Name  
**ALPHA ONE FOUNDATION, INC.**



Principal Place of Business <del>3020 MARY ST.</del> <del>SUITE 301</del> COCONUT GROVE FL 33133	Mailing Address <del>3020 MARY ST.</del> <del>SUITE 301</del> COCONUT GROVE FL 33133
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3. Date Incorporated or Qualified <b>01/31/1995</b>	Applied For Not Applicable
4. FEI Number <b>65-0585415</b>	

2. Principal Place of Business 21 <b>2937 SW 27 AVE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2937 SW 27 AVE</b> Suite, Apt. #, etc.
22 <b>SUITE 302</b> City & State	27 <b>SUITE 302</b> City & State
23 <b>MIAMI FL</b> Zip Country	28 <b>MIAMI FL</b> Zip Country
24 <b>33133 USA</b>	29 <b>33133 USA</b>

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>LINDSEY, ALEXANDRA</b> 3326 MARY ST. <del>SUITE 301</del> COCONUT GROVE FL 33133
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10. Name and Address of New Registered Agent 81 Name <b>JOHN W. WALSH</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2937 SW 27<sup>th</sup> AVE</b>
83 <b>SUITE 302</b>
84 City <b>MIAMI</b> 85 Zip Code <b>FL 33133</b>

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]* DATE **01.15.98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P/CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALSH, JOHN W.</b>	1.2 NAME	<b>JOHN W. WALSH</b>
STREET ADDRESS	<b>3326 MARY ST., SUITE 310</b>	1.3 STREET ADDRESS	<b>2937 SW 27<sup>th</sup> AVE. SUITE 302</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33133</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>CTO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LINDSEY, ALEXANDRA J.</b>	2.2 NAME	<b>KAREN L. FRASER</b>
STREET ADDRESS	<b>3326 MARY ST., SUITE 301</b>	2.3 STREET ADDRESS	<b>2682 PALMER PLACE</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>	2.4 CITY-ST-ZIP	<b>Ft. LAUDERDALE, FL 33332</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>V/P D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STANLEY, SUSAN</b>	3.2 NAME	<b>STEW COGAN, ESQ.</b>
STREET ADDRESS	<b>3326 MARY ST., SUITE 301</b>	3.3 STREET ADDRESS	<b>117 S. MAIN ST. SUITE 200</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>	3.4 CITY-ST-ZIP	<b>SEATTLE, WA 98104</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>STD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>SARAH E. EVERETT</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>55 SUMMIT STREET</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>NYACK, NY 10019</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE **01.15.98**

CR2E037 (10/97)