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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N98000000606 ✓
1. Corporation Name
NO-ADDICTION CAMPAIGN, INC.

Principal Place of Business 4920 NORTHWEST 165 STREET MIAMI FL 33014
Mailing Address 4920 NORTHWEST 165 STREET MIAMI FL 33014

21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	02/03/1998
23	City & State	City & State	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
24	Zip	Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25	Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WOLFE, RICHARD C ESO 20803 BISCAYNE BOULEVARD SUITE 200 AVENTURA FL 33180		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORNBUSCH, KAREN	12 NAME	Jaime Dornbusch
STREET ADDRESS	4920 NORTHWEST 165 STREET	13 STREET ADDRESS	4920 NW 165th St.
CITY-ST-ZIP	MIAMI FL 33014	14 CITY-ST-ZIP	Miami, FL 33014
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOTTORI, MARISA	2.2 NAME	
STREET ADDRESS	4920 NORTHWEST 165 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33014	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	T.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Rob Lundgren
STREET ADDRESS		3.3 STREET ADDRESS	4920 NW 165th St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33014
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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] DATE: 7/21/99 DAYTIME PHONE: 305-621-5551

CR2E037 (5/99)