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NONPROFIT CORPORATION ANNUAL REPORT



SIGNATURE: ANTIFONIV K

SHOWER

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # D272/1

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| BEST BUDDIES INTERNATIONAL, INC. | | | | | 1 (84) 38 13 9 1391 1491 14 141 14 | | 1811 BLB11 BJB16 | 116 31 118 11 1 88 1 |
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| rinoipal Place | of Business | Mailing Address | | | | | | |
| 100 SE 2ND SUITE 1990 | AVE | 100 SE 2ND STREET SUITE 1990 | | | | | | |
| MIAMI FL 33131 | | MIAMI FL 33131 | | | 3. Date Incorporated or Qualified | d 3a . D | ate of Last I | Report |
| US | | | | | 01/30/1992 | | 03/28/19 | 995 |
| Principa: Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number | L | | Applied For |
|] | | 26 | | | 52-1614576 | | N | Not Applicable |
| Suite, Apt. 4 | #, etc | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | × | | Additional |
| <u> </u> | | 27 | | | | ~ | Fee F | Required |
| City & State | 9 | City & State | | | 6. Election Campaign Financing | | | D May Be |
| L | | 28 | Т | | Trust Fund Contribution | | | to Fees |
| - Ζιρ] | Gountry 25 | Zip | Cour | itry | 8. This corporation has liability for | or intangible t Yes 🔲 | | 199.032, |
| | 9. Name and Address of Curren | 29 September Acent | 30 | | Florida Statutes 10. Name and Address of New | | ~ | |
| | 5. Name and Address of Curren | it negistered Agent | | 81 Name | TO. Harrie and Address of New | r negistered | Mon | |
| | | | | | | | | |
| SHRIVER, ANTHONY | | | | 82 Street Ad | et Address (P.O. Box Number is Not Acceptable) | | | |
| 100 SE 2ND STREET SUITE 1990 | | | - | 83 | | | | |
| | | | | 55 | | | | |
| MIAMI F | 33131 | | | 84 City | | | 85 Z(c | Code |
| | _ 00101 | | | OT Only | | | | |
| 1 Pursuant t | to the provisions of Sections 617 0502 | and 617.1508, Florida Statute | es the abov | /e-pamed corn | oration submits this statement for the | FL purpose of ch | nanging its re | egistered offic |
| Pursuant to or registers | to the provisions of Sections 617 0502 | da. Such change was authoriz | es, the aboved by the co | /e-pamed corn | poration submits this statement for the paper of directors. I hereby accept the appropriate the submits of directors and the submits of the s | ournose of ch | nanging its re | egistered offic agent. I am |
| Pursuant t or register familiar wit | to the provisions of Sections 617.0502 red agent, or both, in the State of Florio th, and accept the obligations of, Sect | da Such change was authoriz ion 617.0503, Florida Statutes | es, the aboved by the co | re-named corp orporation's bo | pard of directors. I hereby accept the a | purpose of ch ppointment a | nanging its re | egistered offic agent. I am |
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