

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P37341 (5)**

1. Corporation Name  
**BEST BUDDIES INTERNATIONAL, INC.**



Principal Place of Business 100 SE 2ND AVE SUITE 1990 MIAMI FL 33131 US	Mailing Address 100 SE 2ND STREET SUITE 1990 MIAMI FL 33131-2158
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3. Date Incorporated or Qualified <b>01/30/1992</b>	3a. Date of Last Report <b>02/02/1996</b>
4. FEI Number <b>52-1614576</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>100 SE 2nd Street</b> Suite, Apt. #, etc. 22 <b>Suite 1990</b> City & State 23 <b>Miami, FL</b> Zip 24 <b>33131</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent

**SHRIVER, ANTHONY**  
**100 SE 2ND STREET**  
**SUITE 1990**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLANK, BRAD</b>	1.2 NAME	<b>Blank, Brad</b>
STREET ADDRESS	<b>ONE WINTHROP SQUARE, 1ST FLOOR</b>	1.3 STREET ADDRESS	<b>251 Beacon Street, Suite 6</b>
CITY-ST-ZIP	<b>BOSTON MA</b>	1.4 CITY-ST-ZIP	<b>Boston MA 02116</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHRIVER, ANTHONY K</b>	2.2 NAME	
STREET ADDRESS	<b>100 SE 2ND STREET, SUITE 1990</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABRAMS, MIKE</b>	3.2 NAME	
STREET ADDRESS	<b>201 S. BISCAYNE BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHRNER, EUNICE K.</b>	4.2 NAME	
STREET ADDRESS	<b>1325 G. STREET, SUITE 500</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLINGMAN, GERARD A</b>	5.2 NAME	
STREET ADDRESS	<b>HEARST AGENCY, CHRYSLER BLDG., 24TH FLOOR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICCI, MICHAEL</b>	6.2 NAME	
STREET ADDRESS	<b>70 GLENMOOR DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EAST HAVEN CT</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Anthony K. Shriver **4/30/97 (305) 374-2233**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026436

CP2E037 (9/96)