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NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38239 (2)

1. Corporation Name

SOUTH FLORIDA VETERANS AFFAIRS FOUNDATION FOR RE SEARCH AND EDUCATION, INC.

Principal Place of Business	Mailing Address
% ~~TRACEY A. SKINNER~~ 4675 PONCE DE LEON BLVD STE 305 CORAL GABLES FL 33146 US	% ~~TRACEY A. SKINNER~~ 4675 PONCE DE LEON BLVD STE 305 CORAL GABLES FL 33146-2113 US

3. Date Incorporated or Qualified: 05/21/1990
3a. Date of Last Report: 01/31/1996

4. FEI Number: 65-0207903 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Tracey S. Brown Suite, Apt. #, etc.	26 Tracey S. Brown Suite, Apt. #, etc.
22 4675 Ponce de Leon Blvd. City & State	27 4675 Ponce de Leon Blvd. City & State
23 Coral Gables, Fl	28 Coral Gables, Fl
24 Zip 33146 — 25 Country US	29 Zip 33146 — 30 Country US

9. Name and Address of Current Registered Agent

~~SKINNER, TRACEY A.~~
4675 PONCE DE LEON BLVD
STE 305
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name: Tracey Skinner Brown
82 Street Address (P.O. Box Number is Not Acceptable): 4675 Ponce de Leon Blvd.
83 Suite 305
84 City: Coral Gables, FL 85 Zip Code: 33146

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 Tracey S. Brown 1/6/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOHERTY, THOMAS C. 1201 NW 16TH ST MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISHMAN, LAWRENCE, MD 1201 NW 16TH ST MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEREZ-STABLE, ELISEO, MD 1201 NW 16TH ST MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

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 Lawrence M. Fishman, MD Chairman 1/17/96 (305) 324-3179