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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47722 (6)
1. Corporation Name
INTERNATIONAL WOMEN'S FORUM, INC.



Principal Place of Business 777 BRICKELL AVE STE 1130 MIAMI FL 33131 US	Mailing Address 777 BRICKELL AVE STE 1130 MIAMI FL 33131 US
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3. Date Incorporated or Qualified 03/06/1992	
4. FEI Number 65-0329792	Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**HANCOCK-APFEL, KAY
777 BRICKELL AVE
STE 1130
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
FL **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.
Kay Hancock-Apfel
SIGNATURE **3/27/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when incorporating)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME JOHNSON-STREET, KAAREN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 17777 OLD CUTLER RD		
CITY-ST-ZIP MIAMI FL		
TITLE VPD	NAME REITER-FARAGALL, ROBIN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1750 E SUNRISE BLVD		
CITY-ST-ZIP FT LAUDERDALE FL		
TITLE TD	NAME HANCOCK-APFEL, KAY	<input type="checkbox"/> DELETE
STREET ADDRESS 777 BRICKELL AVE		
CITY-ST-ZIP MIAMI FL		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Reiter-Faragalli, Robin	
1.3 STREET ADDRESS 1750 East Sunrise Blvd.	
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33304	
2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Evans, Lois	
2.3 STREET ADDRESS 10245 Collins Ave. P.15E	
2.4 CITY-ST-ZIP Bal Harbour, FL 33154	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 on an attachment with an address.

SIGNATURE: **Kay Hancock-Apfel** **3/27/98** (305) 536-6481

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