


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90094 026 ****61.25

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|---|--|---|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N94000006197 | | | | | |
| 1. Corporation Name THE MICHAEL AND LOUISA VON CLEMM FOUNDATION, INC | | | | | |
| Principal Place of Business 200 S BISCAYNE BLVD #5300 MIAMI FL 33131-2339 | | | Mailing Address 200 S BISCAYNE BLVD #5300 MIAMI FL 33131-2339 | | |



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/19/1994 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0541059 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | | |

| | | | |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| JOHNSON, ETHAN W 200 S BISCAYNE BLVD #5300 % MORGAN LEWIS & BOCKIUS MIAMI FL 33131-2339 | | 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.

SIGNATURE

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 | PD | <input type="checkbox"/> DELETE | | 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | VON CLEMM, LOUISE | | | 1.2 NAME | Michael Waterman | | |
| STREET ADDRESS | 1 POND RD | | | 1.3 STREET ADDRESS | 79 Emerson Road | | |
| CITY-ST-ZIP | WELLESLEY MA 02181 | | | 1.4 CITY-ST-ZIP | Wellesley, MA 02181 | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VON CLEMM, STEFANIE C | | | 2.2 NAME | | | |
| STREET ADDRESS | 10 TREMONT ST | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BOSTON MA | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | SD | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JOHNSON, ETHAN W | | | 3.2 NAME | | | |
| STREET ADDRESS | 630 CAMPANA AVE | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | CORAL GABLES FL | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | YASSUKOVICH, STANISLAS | | | 4.2 NAME | | | |
| STREET ADDRESS | 13 HIGHGATE PLACE | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | LONDON EN W8 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ISELIN, CHARLOTTE | | | 5.2 NAME | | | |
| STREET ADDRESS | 11B SHEFFIELD TERR | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | LONDON EN W8 | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ISELIN, WILLIAM D | | | 6.2 NAME | | | |
| STREET ADDRESS | 11B SHEFFIELD TERR | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | LONDON EN W8 | | | 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-13-99

305-579-0394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ethan W. Johnson, Secretary and Director

Date

Daytime Phone #

CR2E037-(1/198)