FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:27
TALLAHASSEE, FLORIDA

DOCUMENT # 701922 (7)

1. Corporation Name
MEDICAL SCHOLARSHIP FOUNDATION INC

Principal Place of Business
1501 NW NORTH RIVER DR.
MIAMI FL 33125

Mailing Address
1501 NW NORTH RIVER DR.
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1961
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-6153485 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
KELLOGG, ANN L
6800 CHAPMAN FIELD DR.
MIAMI FL 33156

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE	D
NAME	ASKOWITZ, JOHAN
STREET ADDRESS	9510 S.W. 136TH ST.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	LLANES, MARTHA
STREET ADDRESS	11225 S.W. 58TH CT.
CITY-ST-ZIP	MIAMI FL
TITLE	P
NAME	VIERA, ADY P
STREET ADDRESS	843 ANASTASIA AVE.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D
NAME	DUNN, KATY
STREET ADDRESS	1131 CATALONIA AVE.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	S
NAME	STONE, MAURIEL
STREET ADDRESS	4480 SW 62ND CT.
CITY-ST-ZIP	MIAMI FL
TITLE	T
NAME	KELLOGG, ANN L
STREET ADDRESS	6800 CHAPMAN FIELD DR.
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME	400001494394	
1 3 STREET ADDRESS	-05/19/95--01029--007	
1 4 CITY-ST-ZIP	*****61.25 *****61.25	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ann Kellogg ANN KELLOGG TRES. May 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone