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Apr 02 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 # **701922** (7)

1. Corporation Name

MEDICAL SCHOLARSHIP FOUNDATION INC



Principal Place of Business BUILDING 1501 NW N RIVER DR MIAMI FL 33125 US	Mailing Address 1501 NW NORTH RIVER DR. MIAMI FL 33125 US
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3. Date Incorporated or Qualified

01/19/1961

4. FEI Number

59-6153485

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLOGG, ANN L
6800 CHAPMAN FIELD DR.
MIAMI FL 33156**

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

Ann L. Kellogg

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 1 1998

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ASKOWITZ, JOHAN P. Pres.	
STREET ADDRESS	9510 S.W. 136TH ST.	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LLANES, MARTHA P. Pres.	
STREET ADDRESS	11225 S.W. 58TH CT.	
CITY-ST-ZIP	MIAMI FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	P	<input type="checkbox"/> DELETE
NAME	VIERA, ADY P P. Pres.	
STREET ADDRESS	843 ANASTASIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUNN, KATY	
STREET ADDRESS	1131 CATALONIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>Maria Marihona - Pres.</i>
4.3 STREET ADDRESS	<i>1460 W. 21 St.</i>
4.4 CITY-ST-ZIP	<i>Miami Beach, FL. 33140</i>

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	STONE, MAURIEL	
STREET ADDRESS	4480 SW 62ND CT.	
CITY-ST-ZIP	MIAMI FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>Beta Fernandez - Pres.</i>
5.3 STREET ADDRESS	<i>Miami, Florida</i>
5.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	KELLOGG, ANN L Scholarship Treas.	
STREET ADDRESS	6800 CHAPMAN FIELD DR.	
CITY-ST-ZIP	MIAMI FL	

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:

Ann L. Kellogg

305-235-5173

CR2E037 (10/97)