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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 701922

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/19/1961

4. FEI Number  
59-6153485

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

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 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ASKOWITZ, JOHAN  
STREET ADDRESS 9510 S.W. 136TH ST.  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME LLANES, MARTHA  
STREET ADDRESS 11225 S.W. 58TH CT.  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME VIERA, ADY P  
STREET ADDRESS 843 ANASTASIA AVE.  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME MARIHANA, MARIA  
STREET ADDRESS 1460 W 21 ST  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME FERNANDEZ, BERTA  
STREET ADDRESS 4480 SW 62ND CT.  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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: ANN L. KELLOGG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED ANN L. KELLOGG (Foundation Treasurer)

CR2E037 (11/98)