

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR - 8 PM 3:40

DOCUMENT # 702242 (9)

1. Corporation Name  
UNIVERSITY OF MIAMI

Principal Place of Business Mailing Address  
OFFICE OF THE BOARD OF TRUSTEES  
PO BOX 248042  
CORAL GABLES FL 33124-4624  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/07/1961 3a. Date of Last Report 02/10/1994  
4. FEI Number 59-0624458 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  
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

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

9. Name and Address of Current Registered Agent  
COLE, ROBERT B  
200 S. BISCAYNE BLVD., 45TH FLOOR  
SOUTHEAST FINANCIAL CENTER  
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 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 reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOOTE, EDWARD T. II	1.2 NAME	
STREET ADDRESS	8565 OLD CUTLER RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, CHARLES E, JR	2.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOLLIVETTE, CYRUS M	3.2 NAME	
STREET ADDRESS	2333 BRICKELL AVENUE, #2811	3.3 STREET ADDRESS	S La Paz, Lourdes F. 90 Edgewater Drive, #717 Coral Gables, Florida 33133
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, MELVIN N.	4.2 NAME	
STREET ADDRESS	1221 BRICKELL AVENUE	4.3 STREET ADDRESS	D Miller, Leonard 700 N.W. 107 Avenue Miami, Florida 33172
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUMBERG, DAVID	5.2 NAME	
STREET ADDRESS	1440 BRICKELL AVENUE	5.3 STREET ADDRESS	D Weaver, David R. 2333 Ponce De Leon Boulevard Coral Gables, Florida 33134
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALL, DOROTHY M	6.2 NAME	
STREET ADDRESS	10016 KILMARNOCK DR	6.3 STREET ADDRESS	D Rice, Charles E. 50 North Laura Street Jacksonville, Florida 32202-3638
CITY-ST-ZIP	MIAMI LAKES FL	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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lourdes F. La Paz / *Lourdes La Paz* 2/14/95 (305) 284-4025  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #