


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90091 004 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 702242**

1. Corporation Name  
**UNIVERSITY OF MIAMI**

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

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/07/1961
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0624458
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	30	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25	29	6. Election Campaign Financing
28	30	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JUAN D REYES PARK PLAZA WEST, LOWER LEVEL, RM 309 1811 NW 12TH AVE MIAMI FL 33136	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	(See Exhibit "A" attached hereto.)
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT L BLAKE	3.2 NAME	
STREET ADDRESS	16240 ONEIDA PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33331	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LEONARD	4.2 NAME	
STREET ADDRESS	700 N.W. 107 AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, DAVID R	5.2 NAME	
STREET ADDRESS	13643 DEERING BAY DR PH 165	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33158	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, CHARLES E	6.2 NAME	
STREET ADDRESS	50 NORTH LAURA STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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 empowerments.

SIGNATURE: Robert L. Blake 305-284-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Robert L. Blake, Secretary

CR2E037 (11/98)

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Page 4 - Board of Trustees, University of Miami, Coral Gables

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**Page 5 - Board of Trustees, University of Miami, Coral Gables**

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United States District Court  
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**Page 6 - Board of Trustees, University of Miami, Coral Gables**

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305-445-4255

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**EX OFFICIO MEMBER**

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**President**  
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President, The Abkey Companies  
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Chairman and Chief Executive Officer  
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President, Concept One International, Inc.  
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Pinchasik Strongin Muskat Stein  
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**EMERITI TRUSTEES**

Mr. Leonard L. Abess, Sr.  
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Local Beeper - 305-999-0810

<sup>1</sup> Life Trustee  
<sup>2</sup> Alumni Trustee  
<sup>3</sup> ALL mail to Wyoming  
LISTS\botil

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**Page 3 – Board of Trustees, University of Miami, Coral Gables**

Mr. Richard D. Fain  
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United States Court of Appeals, Eleventh  
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Executiv  
IVAX Cor  
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**University of Miami Board of Trus**

Post Office Box 248042  
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**Leonard Miller**  
Chairman

\* \* \*

**Phillip Frost**  
Vice Chairman

**Carlos M. de la Cruz, Sr. \***  
Vice Chairman

**David R. Weaver**  
Vice Chairman

\* \* \* \* \*

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\*Chairman effective May 1, 1999.



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Page 2 -- Board of Trustees, University of Miami, Coral Gables

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