FILE NOW: FILING FEE IS \$61.25								
NONPROFIT CORPORATION ANNUAL REPORT			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State					
1996			DIVISION OF CORPORATIONS			_		
1. Corporation	MENT # 70)4531	(3)					
THE A	BBEY FOUNDATIO	n inc.				T TOTAL (CB3) DOVA JAGE DIADA (CADA (CADA)	IDI DIGIN DIDIN DIDIN DI	12 8161 1 0:001 1001
Principal Place of Business Mailing Address								
PO BOX 140458 PO BOX 140458								
CORAL GABLES FL 33114 CORAL GABLES FL 33114				14		3. Date Incorporated or Qualified 09/14/1962	3a. Date of Late 02/28/	
 Principal Place of Business 21 			2a. Mailing Address 26			4. FEI Number 59-0992098		Applied For
Suite, Apt. #, etc. 22			20] Suite, Apt. #, etc. 27]			5. Certificate of Status Desired		5 Additional
City & State	0		27 City & State			6. Election Campaign Financing	□ \$5.	DO May Be
Zip 24	p Country		Zip 2	Country		Trust Fund Contribution 8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,	
	9. Name and Addre	Br Service Children P. 2004	ndation inc.	्य <u>ा</u> ्य		10. Name and Address of New Re	Yes No gistered Agent	· · ·
		1400 SW #3	7th Ave. Apt. (310	- 124 	81 Name			
ROLETTI, MS. MARION 265 SEVILLA AVE					82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			B3 CO AMERICAN					
Ausigent			N. 1	84 City		FL 85 2	lip 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								
12. Tritle	OF DA	FICERS AND DIF		13.		ADDITIONS/CHANGES TO OFFIC		ORS IN 12
NAME STREET ADDRESS	AME ROLETTI, MARION A. IREET ADDRESS 600 BILTMORE WAY #605				LE ME REET ADDRESS		Change	ORS IN 12
CITY-ST-ZIP TITLE	D		DELETE	1.4 CITY - ST - ZIP 2.1 TITLE			Change	Addition
NAME STREET ADORESS CITY - ST- ZIP	WIDRICH, JACK 440 W. RIVO ALTO MIAMI, FL 00000			2.2 NAME 2.3 STREET ADDRESS				
TITLE	D			2.4 CITY-ST-ZIP 31 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME STREET ADDRESS CITY+ST-ZIP				3 2 NAME 3 3 STREET ADDRESS 3 4. CITY - ST - ZIP				
TITLE	D		DELETE	4.1 TH	LE		Change	Addition
NAME STREET ADDRESS	MARTINEZ, NESTO 2541 SW 27TH AVE			4. 2 N/ 4.3 ST	ime Reet address			
CITY-ST-ZIP TITLE	MIAMI, FL O		DELETE	4.4 CIT 5.1 TIT	Y-ST-ZIP		Change	Addition
NAME STREET ADDRESS				5.2 NA			CT Anallie	Addition
CITY-ST-ZIP TITLE				5.4 CIT 6.1 TIT	Y - ST - ZIP	·····	[] (hanna	Addition
NAME				6.2 NA			Change Change	Addition
STREET ADDRESS					REET ADDRESS			
CITY-ST-ZIP 14. I do hereby	y certify that the informatic	on supplied with ti	his filing is voluntarily furnis	shed and d	Y-ST-ZIP loes not qualify fo	or the exemption stated in Section 119.07	'(3)(k), Florida Statu	ites. I further
oath; that	I am an officer or director	on this annual rep of the corporation	port or supplemental annu	ial report is empower	true and accurat	te and that my signature shall have the sa report as required by Chapter 617, Flori	ime lenel effect ec.	i mada undar
appears in Block 12 or Block 13 if changed, or on an attacoment with an address. SIGNATURE: March & March & March & 1/29/96 954-450-1427								
SIGNAT		AND TYPED OR PRINT	TED NAME OF SIGNING OFFICE	OR DIRECT	<u>с</u> ж	1 Jacy 198	7. 4 40 Devlime Phone	142