FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721887 (8)

1. Corporation Name

EPILEPSY FOUNDATION OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
7300 N. KENDALL DRIVE. #700 MIAMI FL 33156	~~1401 BRICKELL AVENUE #700~~ ~~MIAMI FL 33156~~

2. Principal Place of Business	2a. Mailing Address
21	26 7300 N. Kendall Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #700
City & State 23	City & State 28 Miami, FL
Zip 24 / Country 25	Zip 29 33156 / Country 30 US

3. Date Incorporated or Qualified: 10/15/1971	3a. Date of Last Report: 04/12/1995
4. FEI Number: 59-2164525	☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
~~1401 BRICKELL AVENUE, SUITE 700~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd St.

83 28 Floor

84 City Miami FL 85 Zip Code 33131

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	☒ DELETE	1.1 TITLE	VICE PRESIDENT/D ☐ Change ☒ Addition
NAME	LOPEZ, ENRIQUE J.		1.2 NAME	ROBERT NAU
STREET ADDRESS	1312 SOROLLA AVENUE		1.3 STREET ADDRESS	COFFEE MASTER - 19593 - N.E. 10 AVE
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	N. MIAMI BEACH FL 33179
TITLE	VD	☒ DELETE	2.1 TITLE	VICE PRESIDENT/D ☐ Change ☒ Addition
NAME	CHAMPION, JAMES		2.2 NAME	RICHARD SMITH
STREET ADDRESS	3600 N.W. 82ND AVENUE		2.3 STREET ADDRESS	4788 NW 98 AVE
CITY-ST-ZIP	MIAMI FL 33166		2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33076
TITLE	VD	☐ DELETE	3.1 TITLE	PRESIDENT/D ☒ Change ☐ Addition
NAME	KOSNITZKY, MICHAEL (ESQ)		3.2 NAME	KOSNITZKY, MICHAEL (ESQ)
STREET ADDRESS	~~1401 BRICKELL AVENUE, #700~~		3.3 STREET ADDRESS	100 SE 2nd ST. 28 FLOOR
CITY-ST-ZIP	~~MIAMI FL 33131~~		3.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	TD	☒ DELETE	4.1 TITLE	VICE PRESIDENT/SECRETARY/ ☐ Change ☒ Addition
NAME	BRODY, ROBERT, D.M.D.		4.2 NAME	TREASURER/D
STREET ADDRESS	17301 NW 27TH AVENUE		4.3 STREET ADDRESS	A. (BUSTOS) CASTIGLIA
CITY-ST-ZIP	MIAMI FL 33055		4.4 CITY-ST-ZIP	1801 S.W. 1ST ST.
TITLE	SD	☒ DELETE	5.1 TITLE	MIAMI, FL 33135 ☐ Change ☐ Addition
NAME	LOGUE, SHEILA		5.2 NAME	400001882814
STREET ADDRESS	100 S.E. 2ND STREET, 25TH FLOOR		5.3 STREET ADDRESS	-07/03/96--01022--006
CITY-ST-ZIP	MIAMI FL 33131		5.4 CITY-ST-ZIP	***61.25
TITLE	D	☒ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	AGUILERA, HENRY J		6.2 NAME	
STREET ADDRESS	1751 W. 49TH STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012		6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Kosnitzky 4-3-96 (305) 534-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #