

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90274 001 \*\*\*\*61.25

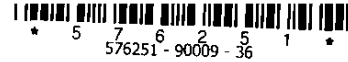
PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

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

DOCUMENT # ~~000~~ 740444 ✓  
 1. Corporation Name  
 Manfred Memorial Foundation, INC.

Principal Place of Business  
 17300 S.W. 177 Av.  
 MIAMI, FL  
 33187

Mailing Address  
 15550 No. MIA. Av.  
 MIA, FL 33169



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2089153	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent David S. Gilbert 15550 No. MIA. Av. MIA. FL 33169	10. Name and Address of New Registered Agent 81. Name David S. Gilbert 82. Street Address (P.O. Box Number is Not Acceptable) 15550 No. MIA. Av. 83. 84. City MIA. FL 85. Zip Code 33169
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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 *David S. Gilbert* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT - DIRECTOR	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME DAVID S. GILBERT	1.2 NAME		
STREET ADDRESS 15550 No. MIA. Av.	1.3 STREET ADDRESS		
CITY-ST-ZIP MIA, FL 33169	1.4 CITY-ST-ZIP		
TITLE VICE PRESIDENT - DIRECTOR	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME LESLI REMALY	2.2 NAME		
STREET ADDRESS 15530 S.W. 103 PL.	2.3 STREET ADDRESS		
CITY-ST-ZIP MIA, FL 33157	2.4 CITY-ST-ZIP		
TITLE TREASURER - DIRECTOR	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME DANI GOMPEN	3.2 NAME		
STREET ADDRESS 816 N.W. 8th St.	3.3 STREET ADDRESS		
CITY-ST-ZIP PLANTATION, FL 33324	3.4 CITY-ST-ZIP		
TITLE SECRETARY - DIRECTOR	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME GAY GOMPEN	4.2 NAME		
STREET ADDRESS 11309 S.W. 167 Av	4.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI, FL 33157	4.4 CITY-ST-ZIP		
TITLE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	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 607, 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: *David S. Gilbert*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DAVID S. GILBERT

4/22/99 3059450566  
 Date Daytime Phone #

CR2E034 (11/98)