


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moritain</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749334** (9)  
1. Corporation Name  
**THE KIDNEY FOUNDATION OF SOUTH FLORIDA, INC.**



2. Principal Place of Business		2a. Mailing Address	
2645 SW 37TH AVS SUITE 401 MIAMI FL 33133-2744 US		2645 SW 37TH AVS SUITE 401 MIAMI FL 33133-2744 US	
21	2561 Coral Way	26	2561 Coral Way
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip 33145	29	Zip 33145
25	Country	30	Country

3. Date Incorporated or Qualified	10/16/1979
4. FEI Number	59-1998522
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
CUMMINGS, JENNIFER 2645 SW 37TH AVS SUITE 401 MIAMI FL 33133-2744	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2561 Coral Way
83	
84 City	
85 Zip Code	FL 33145

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MAYER, ROBERT	1.2 NAME	
STREET ADDRESS	2474 SW 27TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	<del>CUNO, JOHN</del>	2.2 NAME	GRIFFIN ANN
STREET ADDRESS	<del>7000 RED ROAD</del>	2.3 STREET ADDRESS	1601 NW 8th AVE
CITY-ST-ZIP	<del>MIAMI FL</del>	2.4 CITY-ST-ZIP	MIAMI FL 33136
TITLE	TD	3.1 TITLE	
NAME	LUCAS, HOWARD	3.2 NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	ORTIZ-BUTCHER, CARMEN	4.2 NAME	
STREET ADDRESS	P.O. BOX 010988	4.3 STREET ADDRESS	6305 Caballero Blvd
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Coral Gables FL 33146
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: \_\_\_\_\_ 3/4/98 (305) 899455

CR2E037 (10/97)