


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

99 JUL -9 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000058

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 749422		
1. Corporation Name THE MIAMI FORUM, INC.		

Principal Place of Business 7800 RED ROAD SUITE 101 MIAMI FL 33143	Mailing Address 7800 RED ROAD SUITE 101 MIAMI FL 33143
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03-03-99 90071 021 \$61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/22/1979	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1969769		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent SOTO, MARIA 15525 MIAMI LAKEWAY NO. 101 MIAMI FL 33014		10. Name and Address of New Registered Agent 81 Name Elizabeth H. Beach 82 Street Address (P.O. Box Number is Not Acceptable) 6400 SW 133 Drive 83 84 City Miami FL 85 Zip Code 33156	
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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 Elizabeth H. Beach (NOTE: Registered Agent signature required when reinstating) DATE July 2, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, EILEEN	1.2 NAME	Susan Cumins
STREET ADDRESS	407 LINCOLN ROAD, THIRD FLOOR	1.3 STREET ADDRESS	3512 Ponce de Leon
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEETS, OLMA	2.2 NAME	Patricia H. Worthington
STREET ADDRESS	25 WEST FLAGLER STREET	2.3 STREET ADDRESS	7375 SW 170 Terrace
CITY-ST-ZIP	MIAMI FL 33130	2.4 CITY-ST-ZIP	Miami, FL 33157
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUZIN, RITA	3.2 NAME	Cheryl S. Waters
STREET ADDRESS	9705 SW 132 COURT	3.3 STREET ADDRESS	945 Alfonso Avenue
CITY-ST-ZIP	MIAMI FL 33186-2234	3.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MARY ANNE	4.2 NAME	Susan Maynard
STREET ADDRESS	900 N.W. 17TH STREET	4.3 STREET ADDRESS	4131 Reynolds Avenue
CITY-ST-ZIP	MIAMI FL 33136	4.4 CITY-ST-ZIP	Cocoanut Grove, FL 33133
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, MARIA	5.2 NAME	Magaly Mauer
STREET ADDRESS	15525 MIAMI LAKEWAY NO. 101	5.3 STREET ADDRESS	9815 SW 141 Drive
CITY-ST-ZIP	MIAMI FL 33014	5.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Elizabeth H. Beach
STREET ADDRESS		6.3 STREET ADDRESS	6400 SW 133 Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33156

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 empowered.

SIGNATURE: Elizabeth H. Beach Treasurer 305-665-9360

CR2E037 (5/99)