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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 770747

1. Corporation Name
COMMUNITY AIDS RESOURCE, INC.

Principal Place of Business	Mailing Address
5050 BISCAYNE BLVD MIAMI FL 33137 US	5050 BISCAYNE BLVD MIAMI FL 33137 US

225 NE 34th St

2. Principal Place of Business	2a. Mailing Address
21 Ste. 201	26 1320 So. Dixie Hwy.
Suite, Apt. #, etc. 22 Miami, FL	Suite, Apt. #, etc. 27 Ste. 485
City & State 23 33137 USA	City & State 28 Miami, FL
Zip 24 Country 25	Zip 29 33146 Country 30 USA

3. Date Incorporated or Qualified: 10/14/1983

4. FEI Number: 59-2564198 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BLUM, SAMUEL, ESQ.
2951 S. BAYSHORE DR. #811
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip 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 _____ 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		☐ Change ☐ Addition
NAME	ALVAREZ, BETTY		1.2 NAME		
STREET ADDRESS	7871 SCHOOLHOUSE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	CORBETT, RUSSELL		2.2 NAME	Michelle Alvarez	
STREET ADDRESS	1780 N.E. 137TH PLACE		2.3 STREET ADDRESS	99 NE 4th Street, 6th Floor	
CITY-ST-ZIP	MIAMI FL 33143		2.4 CITY-ST-ZIP	Miami, FL 33132	
TITLE	TD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	PEDROSO, GLENDA		3.2 NAME		
STREET ADDRESS	700 BRICKELL AVE. 4TH FL.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	POOLER, TERESA		4.2 NAME	Fred Snitzer	
STREET ADDRESS	940 N.E. 74 AVE.		4.3 STREET ADDRESS	3078 SW 38th St.	
CITY-ST-ZIP	MIAMI FL 33138		4.4 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	MD	☒ DELETE	5.1 TITLE	MD	☐ Change ☐ Addition
NAME	HICKS, GLENDA		5.2 NAME	Richard Siclari	
STREET ADDRESS	5050 BISCAYNE BLVD		5.3 STREET ADDRESS	1320 South Dixie Hwy., Ste. 485	
CITY-ST-ZIP	MIAMI FL 33137		5.4 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 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: SIGNATURE REQUIRED Richard Siclari 3/12/99 305-667-9396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)