


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90027 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N15221					
1. Corporation Name PRIVATE FOUNDATIONS, INC.					
Principal Place of Business 9100 S DADELAND BLVD SUITE 1707 MIAMI FL 33156 US			Mailing Address 9100 S DADELAND BLVD SUITE 1707 MIAMI FL 33156 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 9350 S. Dixie Highway		26 9350 S. Dixie Highway		06/03/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 1550		27 Suite 1550		59-2693233	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Miami Florida		28 Miami Florida		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 33156 25 USA		29 33156 30 USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MULLER, CHARLES E II 9100 S DADELAND BLVD SUITE 1707 MIAMI FL 33156				81 Name Charles E. Muller II 82 Street Address (P.O. Box Number is Not Acceptable) 9350 S. Dixie Highway 83 Suite 1550 84 City Miami FL 85 Zip Code 33156			

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 Charles Muller Charles Muller, Registered Agent 1/9/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MULLER, CHARLES E. II		1.2 NAME				
STREET ADDRESS	9100 S. DADELAND BLVD, #1707		1.3 STREET ADDRESS	9350 S. Dixie Highway, Suite 1550			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	TESCHER, DONALD R		2.2 NAME	Gary D. Lipson			
STREET ADDRESS	9100 S. DADELAND BLVD., #1707		2.3 STREET ADDRESS	9350 S. Dixie Highway, Suite 1550			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami Florida 33156			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	CHAVES, ROBERT A		3.2 NAME	William C. Lewis Jr.			
STREET ADDRESS	9100 S DADELAND BLVD, #1707		3.3 STREET ADDRESS	9350 S. Dixie Highway, Suite 1550			
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami Florida 33156			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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: Charles Muller 1/9/99 (305) 670-6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)