


FILE NOW: FILING FEE IS \$61.25

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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90246 011 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N15999</b>					
1. Corporation Name <b>AMERICA SEVENS FOUNDATION, INC.</b>					
Principal Place of Business <b>652 N.E. 77TH STREET</b> <b>MIAMI FL 33179-5438</b>			Mailing Address <b>652 N.E. 77TH STREET</b> <b>MIAMI FL 33179-5438</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/01/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2690094	
24 Country		29 Country		30	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>EXPOSITO, GREGORY F</b> <b>8016 WILES ROAD</b> <b>SUITE 9</b> <b>CORAL SPRINGS FL 33067</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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

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	STD	1.1 TITLE	Director
NAME	HALE, WINSTON	1.2 NAME	Raymond Smatt
STREET ADDRESS	652 N.E. 77TH STREET	1.3 STREET ADDRESS	4760 Alton Road
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami Beach, Florida 33140
TITLE	D	2.1 TITLE	Director
NAME	LONDON, SEYMOUR	2.2 NAME	Keith Mendez
STREET ADDRESS	652 N.E. 77TH STREET	2.3 STREET ADDRESS	652 N.E. 77th Street
CITY-ST-ZIP	MIAMI FL 33138	2.4 CITY-ST-ZIP	Miami, Florida 33138
TITLE	PD	3.1 TITLE	Director
NAME	SIMPSON, LLOYD	3.2 NAME	Sal Bakar
STREET ADDRESS	652 N.E. 77TH STREET	3.3 STREET ADDRESS	652 N.E. 77th Street
CITY-ST-ZIP	MIAMI FL 33138	3.4 CITY-ST-ZIP	Miami, Florida 33138
TITLE	CP	4.1 TITLE	Director
NAME	ANDRUS, LAWRENCE	4.2 NAME	Dr. G.C. John, Ph.D., Ed.D., Th.D., Litt.D.
STREET ADDRESS	652 NE 77TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138-5438	4.4 CITY-ST-ZIP	652 N.E. 77th Street
TITLE		5.1 TITLE	
NAME		5.2 NAME	Miami, Florida 33138
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	

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:  **Lawrence Andrus, President** April 22, 1999 (305) 757-8284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)