FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB -6 PM 12:20

DOCUMENT # N19208 (0)

1. Corporation Name

TRANSPLANT FOUNDATION OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
%A. JEFFREY BARASH 1140 KANE CONCOURSE BAY HARBOR FL 33154	%A. JEFFREY BARASH 1140 KANE CONCOURSE BAY HARBOR FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1987
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2767754 — Applied For / Not Applicable

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARASH, A. JEFFREY
BARASH & ASSOCIATES, P.A.
1140 KANE CONCOURSE
BAY HARBOR FL 33154

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE	CD
NAME	MILLER, JOY
STREET ADDRESS	ONE GROVE ISLE DIR #1209
CITY-ST-ZIP	COCONUT GROVE FL
TITLE	VD
NAME	EAGER, GEORGE
STREET ADDRESS	325 CALUSA
CITY-ST-ZIP	KEY LARGO FL
TITLE	VPD
NAME	HERBTSMAN, DON
STREET ADDRESS	P.O. BOX 520783
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	BALDWIN, SCOTT
STREET ADDRESS	10331 WINDSOR WAY
CITY-ST-ZIP	NAPLES FL
TITLE	SD
NAME	KENT, BARBARA
STREET ADDRESS	100 KINGS POINT DR #306
CITY-ST-ZIP	NORTH MIAMI BEACH FL
TITLE	D
NAME	BRAUNSTEIN, LEE J
STREET ADDRESS	1900 GLADES RD, STE 251
CITY-ST-ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition)

1.1 TITLE	CD
1.2 NAME	HARRISON, ZELDA
1.3 STREET ADDRESS	625 Biltmore Way
1.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
2.1 TITLE	PD
2.2 NAME	EAGER, GEORGE
2.3 STREET ADDRESS	325 Calusa
2.4 CITY-ST-ZIP	Key Largo, Fl. 33037
3.1 TITLE	VPD
3.2 NAME	HERBSTMAN, Don
3.3 STREET ADDRESS	P.O. Box 520783 N/A
3.4 CITY-ST-ZIP	Miami, Fl. 33152
4.1 TITLE	VPD
4.2 NAME	FRANZONE, Pete
4.3 STREET ADDRESS	P.O. Box 16150 N/A
4.4 CITY-ST-ZIP	Plantation, Fl. 33318
5.1 TITLE	TD
5.2 NAME	HEILBRONNER, Edward 136
5.3 STREET ADDRESS	1000 Venetian Way, Apt. 1203
5.4 CITY-ST-ZIP	Miami, Fl. 33139
6.1 TITLE	SD
6.2 NAME	KENT, Barbara
6.3 STREET ADDRESS	100 Kings Point Dr., #306
6.4 CITY-ST-ZIP	North Miami Beach, FL. 33160 135

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 1/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000369