

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 4-26-96

4666

(9)

DOCUMENT # N20071

1. Corporation Name

NATIONAL AIDS AWARENESS FOUNDATION, INC.



Principal Place of Business

8050 NW MIAMI CT., B-200
MIAMI FL 33150

Mailing Address

8050 NW MIAMI CT., B-200
MIAMI FL 33150

3. Date Incorporated or Qualified
04/10/1987

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

41-0015369

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALAGON, FRANK M DR. BIS
8050 NW MIAMI CT., B-200
MIAMI FL 33150

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

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

NAME

STREET ADDRESS

CITY - ST - ZIP

D
THORNBURGH, DAVID B M.D.
420 W. SAN MARINO DR.
MIAMI BCH. FL 33139

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
MALAGON, FRANK M PH.D.
8050 NW MIAMI CT., B-200
MIAMI FL 33150

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
SABATES, RICARDO M.D.
1871 CORAL WAY
MIAMI FL 33145

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
JOAN MONAS . D.O.

3055 SUNSET DRIVE
MIAMI, FLO 33143

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

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 for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)