


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22601** (1)

1. Corporation Name

**FRIENDSHIP NETWORK, INC.**



Principal Place of Business <b>C/O CAROL HOPE PRATT 227 NE 17TH STREET MIAMI FL 33132-1231</b>	Mailing Address <b>C/O CAROL HOPE PRATT 227 NE 17TH STREET MIAMI FL 33132-1231</b>
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3. Date Incorporated or Qualified **09/21/1987** 3a. Date of Last Report **04/02/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number **65-0047154** 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 <b>FEBRES, HELEN PRESIDE FRIENDSHIP NETWORK 227 NE 17TH ST MIAMI FL 33132</b> <b>Jillian Thom Project Coordinator 121 NW 189 Terrace Miami, FL 33169</b>
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10. Name and Address of New Registered Agent 81 Name <b>Jillian Thom, Project Coord.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>121 NW 189 Terrace</b> 83 84 City <b>Miami</b> FL 85 Zip Code <b>33169</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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]* DATE **9/12/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	P NAME <b>FEBRES, HELEN G</b> STREET ADDRESS <b>227 NE 17 ST.</b> CITY-ST-ZIP <b>MIAMI FL</b>	1. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P NAME <b>John Jones</b> STREET ADDRESS <b>1000 SW 84 AVENUE</b> CITY-ST-ZIP <b>Pembroke Pines, FL</b>
TITLE <input type="checkbox"/> DELETE	VP NAME <b>JONES, JOHN</b> STREET ADDRESS <b>1000 SW 84 AVENUE</b> CITY-ST-ZIP <b>PEMBROKE PINES FL</b>	2. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VP NAME <b>Phillip Ottato</b> STREET ADDRESS <b>630 Alton Road</b> CITY-ST-ZIP <b>Miami Beach, FL 33139</b>
TITLE <input type="checkbox"/> DELETE	T NAME <b>OTTATO, PHIL</b> STREET ADDRESS <b>4725 W 20 AVENUE</b> CITY-ST-ZIP <b>HALEAH FL</b>	3. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	J NAME <b>Judy Ives</b> STREET ADDRESS <b>1000 SW 84 AVE</b> CITY-ST-ZIP <b>Pembroke Pines, FL 33025</b>
TITLE <input type="checkbox"/> DELETE	S NAME <b>FRED PEEL</b> STREET ADDRESS <b>5711 S. DIXIE HWY S</b> CITY-ST-ZIP <b>MIAMI FL</b>	4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	T NAME <b>Carol Hope Pratt</b> STREET ADDRESS <b>227 NE 17 Street</b> CITY-ST-ZIP <b>Miami, FL 33132</b>
TITLE <input type="checkbox"/> DELETE	T NAME <b>CAROL H. PRATT</b> STREET ADDRESS <b>227 NE 17 STREET</b> CITY-ST-ZIP <b>MIAMI FL</b>	5. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D NAME <b>Fred Peel</b> STREET ADDRESS <b>6273 SW 72 Street #146</b> CITY-ST-ZIP <b>Miami, FL 33143</b>
TITLE <input type="checkbox"/> DELETE	D NAME <b>IVES, JUDY</b> STREET ADDRESS <b>1000 SW 84TH AVE</b> CITY-ST-ZIP <b>PEMBROKE PINES FL</b>	6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do 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.

CR2E037 (9/96)