

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 08 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N22601 (1)
1. Corporation Name
FRIENDSHIP NETWORK, INC.



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| Principal Place of Business C/O CAROL HOPE PRATT 227 NE 17TH STREET MIAMI FL 33132-1231 | Mailing Address C/O CAROL HOPE PRATT 227 NE 17TH STREET MIAMI FL 33132-1231 |
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| 3. Date Incorporated or Qualified 09/21/1987 | 3a. Date of Last Report 04/02/1996 |
| 4. FEI Number 65-0047154 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 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 |
|---|--|

9. Name and Address of Current Registered Agent
**FEBRES, HELEN PRESIDE
FRIENDSHIP NETWORK
227 NE 17TH ST
MIAMI FL 33132**

Jillian Thom
Project Coordinator
121 NW 189 TERRACE
Miami, FL 33169

10. Name and Address of New Registered Agent
81 Name **Jillian Thom, Project Coord.**
82 Street Address (P.O. Box Number is Not Acceptable)
121 NW 189 TERRACE
83
84 City **Miami** FL 85 Zip Code **33169**

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**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|--|---------------------------------------|---|
| TITLE: P <input checked="" type="checkbox"/> DELETE | NAME: FEBRES, HELEN G | 1.1 TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 227 NE 17 ST. | CITY-ST-ZIP: MIAMI FL | 1.2 NAME: John Jones |
| TITLE: VP <input type="checkbox"/> DELETE | NAME: JONES, JOHN | 1.3 STREET ADDRESS: 1000 SW 84 AVENUE |
| STREET ADDRESS: 1000 SW 84 AVENUE | CITY-ST-ZIP: PEMBROKE PINES FL | 1.4 CITY-ST-ZIP: PEMBROKE PINES, FL |
| TITLE: T <input type="checkbox"/> DELETE | NAME: OTTATO, PHIL | 2.1 TITLE: VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 4725 W 20 AVENUE | CITY-ST-ZIP: HALEAH FL | 2.2 NAME: Phillip Ottato |
| TITLE: S <input type="checkbox"/> DELETE | NAME: FRED PEEL | 2.3 STREET ADDRESS: 230 Alton Road |
| STREET ADDRESS: 5711 S. DIXIE HWY S | CITY-ST-ZIP: MIAMI FL | 2.4 CITY-ST-ZIP: Miami Beach, FL 33139 |
| TITLE: T <input type="checkbox"/> DELETE | NAME: CAROL H. PRATT | 3.1 TITLE: S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 227 NE 17 STREET | CITY-ST-ZIP: MIAMI FL | 3.2 NAME: Judy Ives |
| TITLE: D <input type="checkbox"/> DELETE | NAME: IVES, JUDY | 3.3 STREET ADDRESS: 1000 SW 84 AVE |
| STREET ADDRESS: 1000 SW 84TH AVE | CITY-ST-ZIP: PEMBROKE PINES FL | 3.4 CITY-ST-ZIP: Pembroke Pines, FL 33025 |
| TITLE: T <input type="checkbox"/> DELETE | NAME: CAROL HOPE PRATT | 4.1 TITLE: T <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 227 NE 17 STREET | CITY-ST-ZIP: MIAMI FL 33132 | 4.2 NAME: Carol Hope Pratt |
| TITLE: D <input type="checkbox"/> DELETE | NAME: FRED PEEL | 4.3 STREET ADDRESS: 227 NE 17 Street |
| STREET ADDRESS: 6273 SW 72 Street #146 | CITY-ST-ZIP: MIAMI FL 33143 | 4.4 CITY-ST-ZIP: Miami, FL 33132 |
| TITLE: D <input type="checkbox"/> DELETE | NAME: IVES, JUDY | 5.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 1000 SW 84TH AVE | CITY-ST-ZIP: PEMBROKE PINES FL | 5.2 NAME: Fred Peel |
| TITLE: D <input type="checkbox"/> DELETE | NAME: IVES, JUDY | 5.3 STREET ADDRESS: 6273 SW 72 Street #146 |
| STREET ADDRESS: 1000 SW 84TH AVE | CITY-ST-ZIP: PEMBROKE PINES FL | 5.4 CITY-ST-ZIP: Miami, FL 33143 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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.

[Signature]

CR2E037 (9/96)