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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24103** (6)

1. Corporation Name

THE MIOT FAMILY FOUNDATION, INC.



Principal Place of Business %MARTIN KALB 4200 BISCAYNE BLVD. MIAMI FL 33137	Mailing Address %MARTIN KALB 4200 BISCAYNE BLVD. MIAMI FL 33137-3210
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3. Date Incorporated or Qualified 12/28/1987	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

4. FEI Number 65-0021932	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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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9. Name and Address of Current Registered Agent ROSE, STEPHEN E. 4200 BISCAYNE BLVD. MIAMI FL 33137	
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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 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 _____ (NOTE: Registered Agent; signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	ROSE, STEPHEN E.
STREET ADDRESS	4200 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HARTE, SAMUEL
STREET ADDRESS	12501 N. KENDALL DR.
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SAMOLE, MYRON
STREET ADDRESS	13980 NW 58 COURT
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	DCP <input type="checkbox"/> DELETE
NAME	MIOT, SANFORD B.
STREET ADDRESS	4115 KIORA ST
CITY-ST-ZIP	COCONUT GROVE FL
TITLE	DAS <input type="checkbox"/> DELETE
NAME	MIOT, ANGELA
STREET ADDRESS	4115 KIORA ST
CITY-ST-ZIP	COCONUT GROVE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JACOB SOLOMON
STREET ADDRESS	4200 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, changed, or on an attachment with an address.

Sandra B. Mortham 3/31/97

CR2E037 (9/96)