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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28921
 1. Corporation Name
SOUTH FLORIDA RESEARCH COUNCIL, INC.

Principal Place of Business 3900 BISCAYNE BLVD MIAMI FL 33137 US	Mailing Address 3900 BISCAYNE BLVD MIAMI FL 33137 US
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/19/1988
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 65-0126433
23. City & State	27. City & State	Applied For Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/>
25. Country	29. Country	\$8.75 Additional Fee Required
30. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DIAZ, CARMEN
3900 BISCAYNE BLVD
MIAMI FL 33137

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

1. TITLE	SD	<input type="checkbox"/> DELETE
2. NAME	DIAZ, CARMEN	
3. STREET ADDRESS	3900 BISCAYNE BLVD	
4. CITY-ST-ZIP	MIAMI FL	
5. TITLE	D	<input checked="" type="checkbox"/> DELETE
6. NAME	FOSTER, YOLANDA	
7. STREET ADDRESS	8000 NW 18 TERRACE	
8. CITY-ST-ZIP	MIAMI FL 33172	
9. TITLE	PO	<input type="checkbox"/> DELETE
10. NAME	FRAZIER, BETTY	
11. STREET ADDRESS	318 N MIAMI AVE	
12. CITY-ST-ZIP	MIAMI FL	
13. TITLE	D	<input checked="" type="checkbox"/> DELETE
14. NAME	SWORDS, DIANA	
15. STREET ADDRESS	2055 LEE ST	
16. CITY-ST-ZIP	HOLLYWOOD FL	
17. TITLE	CO	<input type="checkbox"/> DELETE
18. NAME	JUNO MOREL	
19. STREET ADDRESS	9405 NW 41 ST.	
20. CITY-ST-ZIP	MIAMI FL 33178	
21. TITLE		<input type="checkbox"/> DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIAZ, CARMEN	
1.3 STREET ADDRESS	3900 Biscayne Blvd	
1.4 CITY-ST-ZIP	MIAMI, FL 33137	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FRAZIER, BETTY	
3.3 STREET ADDRESS	318 N. MIAMI AVE	
3.4 CITY-ST-ZIP	MIAMI, FL 33137	
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Brydger Allen	
4.3 STREET ADDRESS	2290 W. 8th Ave	
4.4 CITY-ST-ZIP	Hialeah, FL 33010	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Carla Mejerian	
5.3 STREET ADDRESS	2055 Lee Street	
5.4 CITY-ST-ZIP	Hollywood, FL 33014	
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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** 1/12/99 305-789-4167
Signature and Title or Printed Name of Signing Officer or Director (Date) (Daytime Phone #)

CR2E037 (1/1/98)