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Jul 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32358** (6)
1. Corporation Name
CHILDREN'S FOUNDATION OF GREATER MIAMI, INC.



Principal Place of Business 800 N. W. 15TH STREET MIAMI FL 33136-1495 US	Mailing Address 800 NW 15TH STREET MIAMI FL 33136-1412 US
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3. Date Incorporated or Qualified 05/17/1989	3a. Date of Last Report 05/28/1996
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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
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4. FEI Number 65-0141863	Applied For <input type="checkbox"/> 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	

9. Name and Address of Current Registered Agent LUMPKIN, THOMAS D., II 515 GABLES INTERNATIONAL PLAZA 2855 LE JEUNE ROAD CORAL GABLES 33134	
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10. Name and Address of New Registered Agent 81 Name Miguel Farra 82 Street Address (P.O. Box Number is Not Acceptable) 2699 S. Bayshore Drive 83 84 City Miami, FL 85 Zip Code 33133	
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11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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]* (NOTE: Registered Agent signature required when reinstating) DATE **7/7/97**

12. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME LUMPKIN, THOMAS D., II	
STREET ADDRESS 2855 LE JEUNE RD, ST515	
CITY-ST-ZIP CORAL GABLES FL	
TITLE VCD	<input checked="" type="checkbox"/> DELETE
NAME DADYT, ROBERT	
STREET ADDRESS 100 SE 2ND ST STE 4000	
CITY-ST-ZIP MIAMI FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME HERALD, SARA B	
STREET ADDRESS 800 NW 15TH ST	
CITY-ST-ZIP MIAMI FL	
TITLE VCD	<input checked="" type="checkbox"/> DELETE
NAME CASUSO, CARLOS E	
STREET ADDRESS 9130 S DADELAND BLVD STE 1509	
CITY-ST-ZIP MIAMI FL	
TITLE C	<input checked="" type="checkbox"/> DELETE
NAME SKOR, RICHARD	
STREET ADDRESS 200 S BISCAYNE BLVD #3000	
CITY-ST-ZIP MIAMI FL	
TITLE DT	<input checked="" type="checkbox"/> DELETE
NAME WOLEK, THOM	
STREET ADDRESS 2 S BISCAYNE BLVD STE 2450	
CITY-ST-ZIP MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Miguel Farra	
1.3 STREET ADDRESS 2699 S. Bayshore Drive	
1.4 CITY-ST-ZIP Coconut Grove, FL 33133	
2.1 TITLE VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Kersti Temling	
2.3 STREET ADDRESS 5940 S.W. 116th Street	
2.4 CITY-ST-ZIP Miami, FL 33156	
3.1 TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Wayne Kennedy	
3.3 STREET ADDRESS 1133 Mariana Miami, FL 33134	
3.4 CITY-ST-ZIP	
4.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Sara Solomon	
4.3 STREET ADDRESS 181 Leucadendra Drive	
4.4 CITY-ST-ZIP Coral Gables, FL 33156	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Robert Dady	
5.3 STREET ADDRESS 200 S. Biscayne Blvd. Suite 2100	
5.4 CITY-ST-ZIP Miami, FL 33131	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Doug Halsey	
6.3 STREET ADDRESS 200 S. Biscayne Blvd.	
6.4 CITY-ST-ZIP Miami, FL 33131	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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)