


FILE NOW: FILING FEE IS \$61.25

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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90120 034 ****61.25

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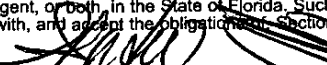
NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N47443					
1. Corporation Name SOUTH FLORIDA HEALTHCARE EXECUTIVE FORUM, INC.					
Principal Place of Business P.O. BOX 547291 SURFSIDE FL 33154-7291			Mailing Address P.O. BOX 547291 SURFSIDE FL 33154-7291		



2. Principal Place of Business 21 7280 W. McNab Rd Suite, Apt. #, etc. 150 City & State N. Lauderdale, FL Zip 33068 Country USA		2a. Mailing Address 26 7280 W. McNab Road Suite, Apt. #, etc. 150 City & State N. Lauderdale FL Zip 33068 Country USA		3. Date Incorporated or Qualified 02/19/1992	
		4. FEI Number NOT APPLICABLE		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	

9. Name and Address of Current Registered Agent KAPLAN, HAROLD E ESQ COLONIAL PLACE, SUITE 214 1515 UNIVERSITY DRIVE CORAL SPRINGS FL 33071				10. Name and Address of New Registered Agent 81 Name ALEX FERNANDEZ 82 Street Address (P.O. Box Number is Not Acceptable) 7280 W. McNab Road 83 #150 84 City N. Lauderdale FL 85 Zip Code 33068			
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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  DATE **4/13/99**

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT Director			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTE, EMILIO		1.2 NAME	Michael Albertean			
STREET ADDRESS	9317 COLLINS AVENUE, APT. 25		1.3 STREET ADDRESS	7280 W. McNab Road			
CITY-ST-ZIP	SURFSIDE FL 33154		1.4 CITY-ST-ZIP	#150 N. Lauderdale FL 33068			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT, Director			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, ALEJANDRO + Alejandro		2.2 NAME	FERNANDEZ, ALEJANDRO			
STREET ADDRESS	7500 SW 87TH AVE, #200		2.3 STREET ADDRESS	7280 W. McNab Road #150			
CITY-ST-ZIP	MIAMI FL 33173		2.4 CITY-ST-ZIP	N. Lauderdale, FL 33068			
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary, Director			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORO-KAPLAN, ANGELA		3.2 NAME	Pat Blanco			
STREET ADDRESS	7650 CORPORATE CENTER DR, #500		3.3 STREET ADDRESS	7280 W. McNab Road #150			
CITY-ST-ZIP	MIAMI FL 33126		3.4 CITY-ST-ZIP	N. Lauderdale, FL 33068			
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIEVES, CARY		4.2 NAME				
STREET ADDRESS	5959 NW 7TH STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 3126		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **RECEIVED**

Date **3/25/99** Daytime Phone #

CR2F037 (4/1/98)