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**NONPROFIT** CORPORATION ANNUAL REPORT

1999



#### FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

### **DOCUMENT # N48412**

# **FILED** Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90059 029 \*\*\*\*61.25

OPERATION KIMBE FOUNDATION, INC.							
Principal Place of Business Mailing Address							
1717 BAYSHORE DR. 1717 BAYSHORE DR.							
SUITE 3032 SUITE 3032 MIAMI FL 33132 MIAMI FL 33132		•					
MIAMI FL 33132 MIAMI FL 33132			1.4	.,			
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2. Principal Place of Business 2a. Mailing Address	-		3. Date Inco	rporated or Qualifed	1		
21 26		•	04/17/1	992			
Suite, Apt. #, etc. Suite, Apt. #, etc.			4. FEI Numb			A	plied For
22 27			<b>65</b> -0352	<u> 2351                                     </u>		11	t Applicable
City & State City & State			5. Certifcate	of Status Desired	. 🗖		Additional
23 28							equired
Zip Country Zip	Cour	itry	1	ampaign Financing			May Be
24 25 29	30			d Contribution			to Fees
Name and Address of Current Registered Agent		81 Name		d Address of New	Registere	a Agent	
		Name					
MOISE, RUDOLPH, processor and the second sec		82 Street	Address (P.O. Box N	umber is Not Accep	table)		
SUITE 3032	. [	83		-			
	}	84 City				85 Zip	Code
MIAMI FL 33132		G-1 On.			F!		
MIAMI FL 33132  11. Pursuant to the provisions of Sections 61 .0502 and 617.1508, Florida Statu office or registered agent or both, in the State of Florida. Such change was agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statu	ites, the ab authorized orida Statu	ove-named by the comp tes.	corporation submits to cration's board of direction	his statement for the	e purpose o	of changing its ointment as re	registered gistered
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'CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality 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 of 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:

217-0327