

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000180
1. Corporation Name
SOUTH Beach AIDS Project, Inc.

Principal Place of Business: **N/A**
Mailing Address: **P.O. Box 398507
Miami Beach, FL 33239**

2. Principal Place of Business
2a. Mailing Address

21 Suite, Apt. #, etc
26 Suite, Apt. #, etc

22 City & State
27 City & State

23 Zip Country
28 Zip Country

24 Zip Country
25 Zip Country
29 Zip Country
30 Zip Country

3. Date Incorporated or Qualified: **May 96**
3a. Date of Last Report: **Jan 97**

4. FET Number: **65-0369350**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

81 Name: **Robert Galante**
82 Street Address (P.O. Box Number is Not Acceptable): **1351 Meridian Ave-#8**
83
84 City: **Miami Beach, Fl** 85 Zip Code: **FL 33139**

10. Name and Address of New Registered Agent

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: **Robert Galante** *[Signature]* **7-10-97**
(NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS

TITLE	Chairman	<input type="checkbox"/> DELETE
NAME	Robert Galante	D
STREET ADDRESS	1351 Meridian Ave-#8	
CITY-ST-ZIP	Miami Beach, Florida 33139	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Ted Osinski	D
STREET ADDRESS	6070 N. Bay Rd	
CITY-ST-ZIP	Miami Beach, Florida 33140	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Richard Seigler	D
STREET ADDRESS	1932 Michigan Ave-#8	
CITY-ST-ZIP	Miami Beach, Florida 33139	
TITLE	COCHAIR	<input type="checkbox"/> DELETE
NAME	Jeff Wilkinson	D
STREET ADDRESS	611 Michigan Ave #1	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Joan Keller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Joan Keller	
13 STREET ADDRESS	6070 N. Bay Rd	
14 CITY-ST-ZIP	Miami Beach, Florida 33140	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	500002242235	
54 CITY-ST-ZIP	-07/21/97--01005--004 ***8.75	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS	600002242236	
64 CITY-ST-ZIP	-07/21/97--01005--005 ***61.25	

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **7-10-97**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **5-13-97** **205**
Date: **7-10-97** Daytime Phone #: **844-9522**

CR2E037 (9/96)