

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N9200000180 (1)
 1. Corporation Name: **THE SOUTH Beach AIDS Project, INC.**

Principal Place of Business 420 Lincoln Rd Suite 250 Miami Beach, Florida 33139	Mailing Address 6070 N. Bay Rd Miami Beach, Florida 33140
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3. Date incorporated or Qualified 11/09/1992		3a. Date of Last Report	
2. Principal Place of Business		4. FEI Number 650369350	
2a. Mailing Address		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

9. Name and Address of Current Registered Agent Robert Galante 1351 Meridian Ave #8 Miami Beach, Florida 33139				10. Name and Address of New Registered Agent			
81. Name Ted Osinski		82. Street Address (P.O. Box Number is Not Acceptable) 6070 N. Bay Rd		83. City		85. Zip Code FL 33140	

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.
03/34/98

SIGNATURE **Ted Osinski, Treasurer**
Signature: typewritten print, date of registration upon, and state of application. (Both Registered Agent signature required when renouncing) DAY 1

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP
CHM	Galante, Robert	1351 Meridian Ave *8	Miami Beach, FL 33139				
				21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP
TD	Osinski, Ted	6070 N. Bay Rd	Miami Beach, FL 33140				
				31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP
	Seigler, Richard	1932 Michigan Ave *8	Miami Beach, FL 33139	SD	Finnon, Mark	1414 Lenox Ave	Miami Beach, FL 33139
				41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP
VCHM	Wilkinson, Jeff	611 Michigan Ave *1	Miami Beach, FL 33139				
				51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP
D	Keller, Joan	6070 N. Bay Rd	Miami Beach, FL 33140				
				61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ted Osinski Treasurer **03/24/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #