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**Secretary of State**

03-11-1999 90084 024 \*\*\*\*70.00

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N92000000180**

1 Corporation Name

**THE SOUTH BEACH AIDS PROJECT, INC.**

031119-90042-49

Principal Place of Business 420 LINCOLN RD. SUITE 250 MIAMI BEACH FL 33139 US	Mailing Address 6070 N. BAY RD MIAMI BEACH FL 33140
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ADDRESS CHANGE

2. Principal Place of Business 21 1234 Washington Ave	2a. Mailing Address 28	3. Date incorporated or Qualified 11/09/1992
Suite, Apt. #, etc. 22 203	Suite, Apt. #, etc. 27	4. FEI Number 65-0369350
City & State 23 Miami Beach, Florida	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33139	Country 25 USA	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent OSINSKI, TED 6070 N. BAY RD. MIAMI BEACH FL 33140	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 \_\_\_\_\_  
Signatures, 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 NAME STREET ADDRESS CITY-ST-ZIP	CHM D GALANTE, ROBERT 1351 MERIDIAN AVE. #8 MIAMI BEACH FL 33139	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OSINSKI, TED 6070 N. BAY ROAD MIAMI BEACH FL 33140	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FINNEN, MARK 1414 LENOX AVE MIAMI BEACH FL 33139	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCHM WILKINSON, JEFF 611 MICHIGAN AVE. #1 MIAMI BEACH FL 33139	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, JOAN 6070 N. BAY ROAD MIAMI BEACH FL 33140	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an Attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 1-6-99 Daytime Phone #: 305 532-5819

CR2E037 (1/98)