

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # N9300000 2708
1. Corporation Name LIFESPAN RESEARCH FOUNDATION INC.

Principal Place of Business	Mailing Address
13250 N. Calusa Club Drive MIAMI FLA 33186	13250 N. Calusa Club Drive MIAMI FLA 33186

3. Date Incorporated or Qualified 06/11/1993	3a. Date of Last Report 05/01/1996
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21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0414003	Applied For
		26		Not Applicable

22	Suite, Apt. #, etc. 13250 N. CALUSA CLUB DRIVE 27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23	City & State MIAMI FL	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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24	Zip 33186	25	Country DADE	29	Zip	30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JALLAD NADER S. 13250 N. Calusa Club Drive MIAMI FL 33186		81	Name	JALLAD NADER S.
		82	Street Address (P.O. Box Number is Not Acceptable)	13250 N. Calusa Club Drive
		83		MIAMI FLA
		84	City	FL
		85	Zip Code	33186

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

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JALLAD NADERS	1.2 NAME	
STREET ADDRESS	13250 N. Calusa Club Drive	1.3 STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33186	1.4 CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE Miller Kent 7380 SW 123 Terrace Miami, FLA	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	

TITLE	T	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JALLAD MUNZER		32 NAME	
STREET ADDRESS	12801 AMBER AVE		33 STREET ADDRESS	
CITY-ST-ZIP	AMBER HILL CA.		34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1.1 TITLE	T	4.1 TITLE	
NAME	JALLAD BONNIE	4.2 NAME	
STREET ADDRESS	13250 N. Calusa Club Drive	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33186	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		
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

FILE	<input type="checkbox"/> DELETE	6.1 TITLE	7000002196477	<input type="checkbox"/> ADDITION
NAME		6.2 NAME	-05/30/97--01077--029	05
STREET ADDRESS		6.3 STREET ADDRESS	***61.25	5/19/97
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(5)(g), Florida Statutes, for 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: Nader S. Jallad NADER S. JALLAD 05/7/77 (305) 387-034

CR2E037 (9/96)