FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 13 1997 8:00am

Secretary of State

0027271

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300003976 (8)

UNITED FOUNDATION FOR AIDS, INC.

600 ALTON RD ROOM 1004 MIAMI BEACH FL 33139		600 ALTON RD ROOM 1004 MIAMI BEACH FL 33139-5502 US			
US				3. Date Incorporated or Qualified 08/30/1993	3a. Date of Last Report 04/17/1996
Principal Place of Business 1		2a. Mailing Address 26		4. FEI Number 65-0437363	Applied For Not Applicable
Suite, Apt. #. etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 3	Country	This corporation has liability for influence	
	9. Name and Address of Current			10. Name and Address of New Re	gistered Agent
81					
KAPLAN,	, MARLENE		82 Street Add	Iress (P.O. Box Number is Not Acceptab	le)
240 CRANDON BLVD				, , , , , , , , , , , , , , , , , , , ,	
SUITE 114					
KEY BISCAYNE FL 33149			84 City		85 Zip Code
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 Signature, typed or printed name of registered agent and title-it applicable. (NOTE: Registered Agent algorithm reflected when reflectating) DATE DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, AL		1.2 NAME		
STREET ADDRESS	4925 COLLINS AVE APT 7A		1.3 STREET ADDRESS		j
CITY - S1 - ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		Change Addition
NAME	COHEN, MARC		2.2 NAME		
STREET ADDRESS	3611 COLLINS AVE #203		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	ABBOTT, NANCY		3.2 NAME		·
STREET ADDRESS	8855 COLLINS AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		3.4. CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Brown, Richard		4. 2 NAME		
STREET ADDRESS	1700 CONVENTION CENTER D)RIVE	4.3 STREET ADDRESS		
CITY-ST-7IP	MIAMI BEACH FL		4.4 CITY-ST-ZIP		
THILE	Τ	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KAKLEY, JEFF		5.2 NAME		
STREET ADDRESS	9 ISLAND AVE #2011		5.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	DELETE	6.1 TITLE		Change Addition
NAME	ZUBKOFF, BARBARA		6.2 NAME		
STREET ADDRESS	600 ALTON ROAD SUITE 401		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		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 119.07(3)(1771) tide Statutes, further estity that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have a same seem of this task it may be under oath; that					
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) I (ide Statutes, Further excitivitial the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have an same as it interests in most 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 chapter 4. The proof 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 chapter 4.					