**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003993 (3)

1. Corporation Name

HIV/AIDS PLANNING AND MANAGEMENT ORGANIZATION, I NC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 150 W. FLAGLER ST.<br>SUITE 2690<br>MIAMI FL 33130<br>US | 150 W. FLAGLER ST.<br>SUITE 2690<br>MIAMI FL 33130<br>US |

3. Date Incorporated or Qualified: 09/02/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0449595 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

**9. Name and Address of Current Registered Agent**

~~MATHEWS, BYRON B JR.~~
~~MCDERMOTT WILL & EMERY~~
~~201 S. BISCAYNE BLVD., SUITE 2200~~
~~MIAMI FL 33131~~

**10. Name and Address of New Registered Agent**

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93 3769 MAIN HIGHWAY
94 City: COCONUT GROVE FL 95 Zip Code: 33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, 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 | D | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ABETY, MIRIAM F | 1.2 NAME | | |
| STREET ADDRESS | 4511 S.W. 10TH ST. | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33134 | 1.4 CITY-ST-ZIP | | |
| TITLE | ~~TD~~ | 2.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | ~~FERNANDEZ, ARMANDO~~ | 2.2 NAME | GAYNOR, BARBARA | |
| STREET ADDRESS | ~~9000 N.W. 7TH AVE.~~ | 2.3 STREET ADDRESS | 7673 SW 103 PLACE | |
| CITY-ST-ZIP | ~~MIAMI FL~~ | 2.4 CITY-ST-ZIP | MIAMI, FL 33173 | |
| TITLE | D | 3.1 TITLE | | ☒ Change ☐ Addition |
| NAME | YARNOLD, GENEVIEVE | 3.2 NAME | | |
| STREET ADDRESS | 2929 S.W. 3RD AVENUE | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | MIAMI, FL 33129 | |
| TITLE | SD | 4.1 TITLE | | ☒ Change ☐ Addition |
| NAME | MATHEWS, BYRON B JR. | 4.2 NAME | | |
| STREET ADDRESS | ~~201 S. BISCAYNE BLVD., STE 2200~~ | 4.3 STREET ADDRESS | 3769 MAIN HIGHWAY | |
| CITY-ST-ZIP | ~~MIAMI FL~~ | 4.4 CITY-ST-ZIP | COCONUT GROVE, FL 33133 | |
| TITLE | D | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCLEAN, ARCHIE | 5.2 NAME | | |
| STREET ADDRESS | 1111 W. BROWARD BLVD. | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33342 | 5.4 CITY-ST-ZIP | | |
| TITLE | CD | 6.1 TITLE | | ☒ Change ☐ Addition |
| NAME | ~~MORRIS, JEFFEREY~~ | 6.2 NAME | Morris, JEFFERY | |
| STREET ADDRESS | 1670 LINCOLN COURT, 5G | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ~~MIAMI BEACH FL~~ | 6.4 CITY-ST-ZIP | MIAMI BEACH FL 33139 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** _____ 4-18-95 374-8422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C941879

N93000035993

**ADDITIONAL DIRECTORS:**

**D**
**Gibson, James**
**17600 NW 9 Place**
**Miami, FL 33169**

**D**
**Hall, James**
**5701 Biscayne Blvd., Suite #9PH**
**Miami, Florida 33137**

**D**
**LaPorta, Mark**
**1040 71st Street**
**Miami Beach, FL 33141**

**D**
**Lofton, Steven**
**325 Meridian Ave., #19**
**Miami Beach, FL 33139**

**D**
**Martinez-Esteve, Irene**
**11555 SW 95 Avenue**
**Miami, FL 33176**

**D**
**McCune, Steve**
**10 NE 214 Street**
**Miami, FL 33179**

**D**
**Palamara, Sherry**
**6804 SW 114 Place, Unit G**
**Miami, FL 33173**

**D**
**Phillips, George**
**601 NW 194 Street**
**Miami, FL 33169**

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D
Pozen, Ann
10645 SW 89 Court
Miami, FL 33176

D
Prelaz, Ed
150 W. Flagler Street, #2850
Miami, FL 33130

D
Santiago, Carmen
331 NE 22 Street
Miami, FL 33137

V/D
Spatz, Digna
6125 SW 31 Street
Miami, FL 33155

D
Trujillo, Moraima
1015 N. Green Way Drive
Coral Gables, FL 33134

D
Zalman, Andy
2307 Douglas Road, #502
Miami, FL 33145