

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

pg 1 of 2

DOCUMENT # N93000003993 (3)

1. Corporation Name

HIV/AIDS PLANNING AND MANAGEMENT ORGANIZATION, I
NC.



Principal Place of Business

Mailing Address

150 W. FLAGLER ST.
SUITE 2650
MIAMI FL 33130
US

150 W. FLAGLER ST.
SUITE 2650
MIAMI FL 33130
US

3. Date Incorporated or Qualified
09/02/1993

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATHEWS, BYRON B JR.
3769 MAIN HIGHWAY
201 S. BISCAYNE BLVD., SUITE 2200
COCONUT GROVE FL 33133

81 Name

PRELAZ, ED

82 Street Address (P.O. Box Number is Not Acceptable)

201 S. BISCAYNE BLVD.

83

SUITE 350

84 City

MIAMI, FL

FL

85 Zip Code

33131

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, if applicable

(NOTE: Registered Agent signature is required when reinstating)

DATE

Ed Prelaz, SECRETARY-TREAS. 3-29-96

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME ABETY, MIRIAM F
STREET ADDRESS 4511 S.W. 10TH ST.
CITY-ST-ZIP MIAMI FL 33134

TITLE D ☐ DELETE
NAME GAYNOR, BARBARA
STREET ADDRESS 7673 SW 103 PLACE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME YARNOLD, GENEVIEVE
STREET ADDRESS 2929 S.W. 3RD AVENUE
CITY-ST-ZIP MIAMI FL

TITLE SD ☒ DELETE
NAME MATHEWS, BYRON B JR.
STREET ADDRESS 3769 MAIN HIGHWAY
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE
NAME MCLEAN, ARCHIE
STREET ADDRESS 1111 W. BROWARD BLVD.
CITY-ST-ZIP FT LAUDERDALE FL 33342

TITLE CD ☐ DELETE
NAME MORRIS, JEFFERY
STREET ADDRESS 1670 LINCOLN COURT, 5G
CITY-ST-ZIP MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DTS ☐ Change ☒ Addition
1.2 NAME PRELAZ, ED
1.3 STREET ADDRESS 201 S. BISCAYNE BLVD, ST. 350
1.4 CITY-ST-ZIP MIAMI, FL 33131

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME LORTON, STEVEN
3.3 STREET ADDRESS 325 MERIDIAN AVE, # 19
3.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME HALL, JAMES
4.3 STREET ADDRESS 5701 BISCAYNE BLVD, STE 9PH
4.4 CITY-ST-ZIP MIAMI, FL 33137

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME LA PORTA, MARK
5.3 STREET ADDRESS 1040 71 ST ST.
5.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME SADIQ, DON
6.3 STREET ADDRESS 150 W. FLAGLER ST. 1820
6.4 CITY-ST-ZIP MIAMI, FL 33130

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFERY MORRIS

3-21-96

Date

374-8422

Daytime Phone #

CR2E037 (12/95)

Pg 2 of 2

12. Addition

Title	D
Name	Santiago, Carmen
Street Address	P.O. Box 113235
City, St, Zip	Miami, FL 33111