FILE NOW: FILING FEE IS $61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pg 1 of 2

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # N93000003993 (3)

1. Corporation Name

HIV/AIDS PLANNING AND MANAGEMENT ORGANIZATION, I NC.

Principal Place of Business	Mailing Address
160 W. FLAGLER ST. SUITE 2650 MIAMI FL 33130 US	150 W. FLAGLER ST. SUITE 2650 MIAMI FL 33130-1558 US

3. Date Incorporated or Qualified: 09/02/1993
3a. Date of Last Report: 04/26/1996

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

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

DELETE

PRELAZ, ED
201 SOUTH BISCAYNE BOULEVARD
SUITE 350
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: SADLER, DON
82 Street Address (P.O. Box Number is Not Acceptable)
83 150 W.Flagler St. Suite 1820
84 City: Miami, FL 85 Zip Code: 33130

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
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DTR PRELAZ, ED 201 S BISCAYNE BLVD., STE 350 MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition Chair SADLER , DON 150 W. Flagler St. -Suite 1820 Miami, FL 33130
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE CHAIR GAYNOR, BARBARA 7673 SW 103 PLACE MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change XX Addition DIRECTOR ROHLMAN, ROBERT F. 25 SE 2nd Ave - Suite 1020 Miami, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TREASURER LOFTON, STEVEN 325 MERIDIAN AVE., #19 MIAMI BCH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 100002221207 0 -06/24/97--01048--012 Treasurer *****70.00 *****70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR HALL, JAMES 5701 BISCAYNE BLVD., STE 9P4 MIAMI FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DIRECTOR RUIZ, GAIL ☐ Change ☒ Addition 13899 Biscayne Blvd. #122 Miami, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SECRETARY LAPORTA, MARK 1040 71ST ST MIAMI BCH FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR SANTIAGO, CARMEN ☐ Change ☒ Addition 1335 Alton Rd. Miami Beach, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MORRIS, JEFFERY 1670 LINCOLN COURT, 5G MIAMI BEACH FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DIRECTOR YARNOLD, GENEVIEVE ☐ Change ☒ Addition 2929 SW 3d Ave. Miami, FL

CR2E037 (9/96)

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), 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.

6/20/97

HIV/AIDS PLANNING & MANAGEMENT ORGANIZATION
BOARD OF DIRECTORS

NAME	ORGANIZATION	ADDRESS	CITY	ZIP	PHONE	ALT. PH #	FAX
aynor, Barbara **		555 N.E. 34 Street	Miami	33137	954-485-4718		
ill, James	Upfront Drug Info Ctr	5701 Biscayne Blvd, Ste #9PH	Miami	33137	757-3413	375-8032	758-4676
ohlman, Robert F.		Suite 1020 Ingraham Bldg. 25 S.E. 2nd Avenue	Miami	33131	372-5900		372-5904
Porta, Mark+	Gateway Healthcare	1040 71st St	Miami Beach	33141	866-4220		861-6331
ofton, Steven***		325 Meridian Av, #19	Miami Beach	33139	531-8181	757-3344	757-3373
adler, Don*	BellSouth	150 W. Flagler St, Suite 1820	Miami	33130	347-5470 754-4454 Home	352-1067 PwrCall: 694-4433	377-4417 754-4448 Home Fax
uiz, Gail		13899 Biscayne Blvd. #122	Miami	33181	947-6009		354-8098
anders, Brian		New York			212 255-8890	756-7890	
antiago, Carmen	Positive Women International Network Inc.	1335 Alton Road	Miami Beach	33111-3235	545-9756	543-9756	255-3545
arnold, Genevieve	United Teachers of Dade	2929 SW 3 Av	Miami	33129	854-0220		856-2285
EXECUTIVE DIRECTOR							
argaret Paternek	HAPMO.	150 W Flagler St, #2650	Miami	33130	374-8422	Bpr: 844-5257 Home: 595-8964	374-7858

Chair
Vice Chair
Secretary
Treasurer

hanges/Additions are in bold.

Updated: April 21, 1997