

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000003862 (9)

1. Corporation Name

ACTION FOR AIDS, INC.

Principal Place of Business

4330 NE 2ND AVENUE
MIAMI FL 33137

Mailing Address

4330 NE 2ND AVENUE
MIAMI FL 33137

2. Principal Place of Business

21 19595 NE 10 AV

2a. Mailing Address

26 19595 NE 10 AV

Suite, Apt. #, etc.

22 D

Suite, Apt. #, etc.

27 D

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33179

Country

USA

Zip

29 33179-3580

Country

30 USA

9. Name and Address of Current Registered Agent

WEISSNER, JEROME

4000 NE 2ND AVENUE

MIAMI FL 33137

3. Date Incorporated or Qualified

01/21/1993

4. FEI Number

65-0372976

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. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

81 Name

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

19595-D NE 10 AV

83

84 City

MIAMI

FL

85 Zip Code

33179

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD WEISSNER, JEROME
4330 NE 2ND AVE
MIAMI FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD REIFF, SONDR
4330 NE 2ND AVE
MIAMI FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD SEIDLER, SARA
4330 NE 2ND AVE
MIAMI FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

Change Addition

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

Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change Addition

14. I 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/98

Date

305 576 1476

Daytime Phone #

CR2E037 (5/98)

FILED
Jul 08 1998 8:00am
Secretary of State

