FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

a complete dan antica complete more de la compansión de la compansión de la compansión de la compansión de la compa

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

appears in Block

N95000002457 (8)

PRO ACT HIV, INC.

Principal Place	e of Business	Mailing Address				
710 NE 72ND TERRACE 710 NE 72ND TERRACE MIAMI FL 33138 MIAMI FL 33138-5281						
					3. Date Incorporated or Qualified 05/23/1995	3a. Date of Last Report 05/01/1996
L ·	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0596660	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		Zip	Country		This corporation has liability for Intangible tax order s. 199.032,	
24	····		30	Florida Statutes Yes No		
<u> </u>	9. Name and Address of Cur	rent Hegistered Agent		B1 Name	10. Name and Address of New Re	gistered Agent
TOUTON	ELL MADY		Ĺ			· · · · · · · · · · · · · · · · · · ·
	ELL, MARK 72ND TERRACE			B2 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
MIAMI F		ľ	B3			
				84 City		85 Zip Code
		1		1 '		FLII
11. Pursuant to office or re	to the provisions of Sections 617.0 egistered agent, or both, in the St	0502 and 617.1508, Florida Statut ate of Florida. Such change was	tes, the ab authorized	overnamed corp by the corporat	oration submits this statement for the p ion's began of directors. I hereby accep	urpose of changing its registered the appointment as registered
i			orda Statu	108	وه الله المرادرة	n 4. 1/107
SIGNATURE _	Signature trived or printed name of registered	agent and title if applicable.	É: Registered	Allent signature require	d when (einstating)	DATE 1
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 10			Change Addition
NAME	TRUESDELL, MARK		1.2 NA	1		
STREET ADDRESS	MAAA FL 00400			REET ADDRESS		
CHY-ST-ZIP TITLE			2.1 TIT	Y-ST-ZIP E		Change Addition
NAME			2.2 NA			······ • —··
STREET ADDRESS	TAR AND TERRASE		23 ST	EET ADDRESS		
C(1Y - ST - ZIP	MIAMI FL 33138		2.4 CI	Y-ST-ZIP		4
TITLE	SD DE VELACCO JODGE	DELETE	3.1 TIT	1		Change Addition
NAME CERTADORES	ANTA OUI AN ATENN		3.2 NA			
STREET ADDRESS CITY+ST+ZIP	MIAMI FL 33155			Y-ST-ZIP		•
TITLE	1	DELETE	4.1 TH			Change Addition
NAME	RAVEN, SHERRI		4.2 N/	ME		
STREET ADDRESS	10389 SW 88TH ST, BLDG	i S#2	4.3 ST	EET AODRESS		
CITY-ST-ZIP	MIAMI FL 33176			Y-ST-ZIP		
TITLE		☐ DELETE	5.1 TIT			Change Addition
NAME STREET ADDRESS			5.2 NA			
CITY-ST-ZIP				ieet address Y-St-Zip		
TITLE		☐ DELETE	61 TIT			Change Addition
NAME			62 NA			
STREET ADDRESS	,		6.3 ST	KEET ADDRESS		
CITV.ST.210			6400	V_CT_7IP		

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 came