

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002607 (8)

1. Corporation Name

DOLPHIN HUMAN RESEARCH, INC.



Principal Place of Business

13053 S.W. 104 COURT
MIAMI FL 33176

Mailing Address

13053 S.W. 104 COURT
MIAMI FL 33176

3. Date Incorporated or Qualified
06/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ZIMBLE, DAVID S ESQ.
ZIMBLE FORMOSO-MURIAS, P.A.
1101 BRICKELL AVENUE, PENTHOUSE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE
NAME	David E. Nathanson	
STREET ADDRESS	13053 SW 104 Ct.	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Wendy Cheyney	
STREET ADDRESS	12341 SW 113 Ave.	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Lisa Sandelin	
STREET ADDRESS	21850 SW 103 Ct. #213	
CITY-ST-ZIP	MIAMI, FL 33190	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David E. Nathanson	
1.3 STREET ADDRESS	13053 SW 104 Ct.	
1.4 CITY-ST-ZIP	MIAMI, FL 33176	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wendy Cheyney	
2.3 STREET ADDRESS	12341 SW 113 Ave.	
2.4 CITY-ST-ZIP	MIAMI, FL 33176	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lisa Sandelin	
3.3 STREET ADDRESS	21850 SW 103 Ct. #213	
3.4 CITY-ST-ZIP	MIAMI, FL 33190	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 from an attachment with an address.

SIGNATURE: David E. Nathanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

305/233-2877

CR2E037 (12/95)