


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90084 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000003476					
1. Corporation Name FINK FAMILY FOUNDATION, INC.					
Principal Place of Business 10 EDGEWATER DR 16C CORAL GABLES FL 33133 US			Mailing Address 10 EDGEWATER DR 16C CORAL GABLES FL 33133 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/01/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		31-1471329	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
M & W AGENTS, INC. 9100 S DADELAND BLVD STE 1707 MIAMI FL 33156-7819				81 Name			
				M & W Agents, Inc.			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				2101 Corporate Boulevard			
				83 Suite 107			
				84 City			
				Boca Raton			
				85 Zip Code			
				FL 33431			

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	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FINK, RENEE			1.2 NAME			
STREET ADDRESS	555 NE 34 STREET #2301			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156-7819			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FINK, KENNETH			2.2 NAME			
STREET ADDRESS	555 NE 34 STREET #2301			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156-7819			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FINK, JEFFREY			3.2 NAME			
STREET ADDRESS	14218 SW 84 ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FINK, BRIAN			4.2 NAME			
STREET ADDRESS	2130 REGATTA AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: *Renee Fink* REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 1999 305-668-0561
 Date Daytime Phone #

CR2E037 (11/98)