## FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State 4
DIVISION OF CORPORATIONS

1997
DOCUMENT #
1. Corporation Name

N96000004391 (6)

MIAMI BEACH BAR ASSOCIATION SCHOLARSHIP FUND. IN C.

Principal Place of Business

420 LINCOLN RD. SUITE #256
MIAMI BEACH FL 33139

Mailing Address

420 LINCOLN RD. SUITE #256 MIAMI BEACH FL 33139-3009

## FILED Mar 12 1997 8:00am Secretary of State



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								3. Date incorp 08/22	porated or Qualified 2/1996	3a. Da	IO OI LE	asi nep	
2. Principal F	2. Principal Place of Business			2a. Mailing Address					4. FEI Number			Appl	lied For
21				26				65-0728729				Not /	Applicable
Suite, Apt.	Suite, Apt. #, etc			Suite, Apt. #, etc.				5. Certificate	5. Certificate of Status Desired See Required				
City & Stat	e			City & State				6. Election Ca	mpaign Financing	** * ** *****	\$5.	.00 M	lav Be
23			28					Trust Fund	Contribution			ded to	
Zip		Country		Zıp		Country	,	8. This corpor	ration has liability for	intangible	tax unc	der s. 1	99.032,
24		25	29		30			Florida Stat		Yes 💆	•		
	9. Name	and Address of Curr	ent Registe	ered Agent			,	10. Name and	Address of New Ro	egistered /	\gent		
						81	Name						
WASSE	RMAN, RICH	IARD				62	Street A	ddress (P.O. Box Nur	mber is Not Accepta	ble)			
420 LINCOLN RD, SUITE #256							0.00						
	BEACH FL 3					83							
						84	City				ISEL	Zip Co	-da
						04	City			FL	85	Zip Ct	ХIÐ
11. Pursuant	to the provisi	ons of Sections 617.05	502 and 61	7.1508, Florida	Statutes, th	e abov	-named c	corporation submits th	is statement for the	purpose of	changi	ing its	registered
office or a	registered ag	ons of Sections 617.05 ent, or both, in the Sta h. and accept the obli	te of Florida	a. Such change Section 617.05	e was author	rized by Statute	the corpo	oration's board of dire	ectors. I hereby acce	opt the appo	ointmer	nt as re	gistered
	aris icarrillicar with	ii, and accept the obii	iganoris or,	360,000 017.03	100, Horida	Olatoto.	•						
SIGNATURE	District to the second									DATE			
	Signature typeu	or printed name of registered a	agent and title if	applicable	(NOTE: Regi	stered Age	ent signature r	required when reinstating)		DAIL			
12.	Signature typed	or printed name of registered a OFFICERS A				stered Age	ent signature r	required when reinstating) ADDITIONS	CHANGES TO OFFI		DIREC	TORS	IN 12
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• To hereby certify that the information supplied with this litting 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 of 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** 

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-97 305-674-962