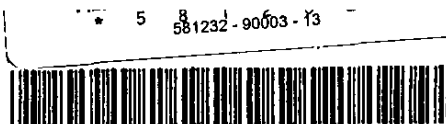
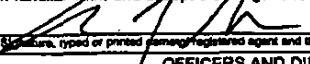


NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000004391					
1. Corporation Name MIAMI BEACH BAR ASSOCIATION SCHOLARSHIP FUND, INC.					
Principal Place of Business 420 LINCOLN RD. SUITE #256 MIAMI BEACH FL 33139 33140		Mailing Address 975 41st St, PH-1 420 LINCOLN RD. SUITE #256 MIAMI BEACH FL 33139 33140			

FILED
Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90005 028 ****61.25



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/22/1996	
4. FEI Number 65-0728729		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent WASSERMAN, RICHARD 420 LINCOLN RD. SUITE #256 MIAMI BEACH FL 33139			10. Name and Address of New Registered Agent 81 Name BRIAN J. GILLER 82 Street Address (P.O. Box Number is Not Acceptable) 975 41st St. PH-1 83 84 City Miami Beach FL 85 Zip Code 33140		
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  BRIAN J. GILLER DATE 6/9/99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D ☒ DELETE NAME WASSERMAN, RICHARD W STREET ADDRESS 420 LINCOLN RD. SUITE #256 CITY-ST-ZIP MIAMI BEACH FL 33139			1.1 TITLE Sec. D ☐ Change ☒ Addition 1.2 NAME Adro A. Cofing 1.3 STREET ADDRESS 407 Lincoln Road Suite 2B 1.4 CITY-ST-ZIP Miami Beach FL 33139		
TITLE D ☐ DELETE NAME SHEPPARD, ARTHUR N STREET ADDRESS 420 LINCOLN RD. SUITE #256 CITY-ST-ZIP MIAMI BEACH FL 33139			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE D ☒ DELETE NAME CYPEN, MYLES STREET ADDRESS 825 ARTHUR GODFREY RD CITY-ST-ZIP MIAMI BEACH FL 33140			3.1 TITLE Bruce Reich - Vice Pres. D ☐ Change ☒ Addition 3.2 NAME 3.3 STREET ADDRESS 111 Lincoln Rd. Suite 802 3.4 CITY-ST-ZIP Miami Beach FL 33139		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE Pres. D ☐ Change ☒ Addition 4.2 NAME BRIAN GILLER 4.3 STREET ADDRESS 975 41st St. 4.4 CITY-ST-ZIP Miami Beach FL 33140		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE Tres. D ☐ Change ☒ Addition 5.2 NAME Mitchell S. Zeiger 5.3 STREET ADDRESS 2665 S. Bayshore Dr. #404 5.4 CITY-ST-ZIP Coconut Grove, FL 33133		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUN 17 1999

305-673-9399

Date

Daytime Phone #

CR2E037 (1/98)