

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED
 Sep 19 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005452 (5)
 1. Corporation Name
PHILANTHROPIST INTERNATIONAL NETWORK, INC.



Principal Place of Business 1231 N.E. 175TH STREET N MIAMI BEACH FL 33162	Mailing Address 1231 N.E. 175TH STREET N MIAMI BEACH FL 33162
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 17231 NE 11TH COURT		2a. Mailing Address 26 17231 NE 11TH COURT		3. Date Incorporated or Qualified 10/21/1996		3a. Date of Last Report N/A	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
23 City & State N.M.B., FL		28 City & State N.M.B., FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 33162		25 Country DADE		29 Zip 33162		30 Country DADE	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent
BRUCK, ABRAHAM
 1231 N.E. 175TH STREET
 N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
 81 Name **BRUCK, ABRAHAM**
 82 Street Address (P.O. Box Number is Not Acceptable)
17231 NE 11TH COURT
 83
 84 City **N. MIAMI BEACH FL** 85 Zip Code **33162**

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 ABRAHAM BRUCK 9/16/97
Signature, typed or photod name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MARK KNOBEL
STREET ADDRESS	909 47TH ST
CITY-ST-ZIP	MIAMI BEACH, FL 33140
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ABRAHAM BRUCK
1.3 STREET ADDRESS	17231 NE 11TH COURT
1.4 CITY-ST-ZIP	N.M.B., FL 33162
2.1 TITLE	V.P. - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	YOSER ROSENBERG -
2.3 STREET ADDRESS	1231 NE 175TH ST
2.4 CITY-ST-ZIP	N.M.B., FL 33162
3.1 TITLE	SEC-TREAS. - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SARAH BRUCK
3.3 STREET ADDRESS	17231 NE 11TH COURT
3.4 CITY-ST-ZIP	N.M.B., FL 33162
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 does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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.

SIGNATURE ABRAHAM BRUCK 9/16/97 205-652-8400

CR2E037 (4/97)