

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 19 1997 8:00am
Secretary of State

DOCUMENT # N96000005452 (5)

1. Corporation Name

PHILANTHROPIST INTERNATIONAL NETWORK, INC.



Principal Place of Business

Mailing Address

1231 N.E. 175TH STREET
N MIAMI BEACH FL 33162

1231 N.E. 175TH STREET
N MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1996

3a. Date of Last Report

N/A

4. FEI Number

☒ Applied For
☐ Not Applicable

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. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 17231 NE 11TH COURT

26 17231 NE 11TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 N.M.B., FL

28 N.M.B., FL

Zip

Country

24 33162

25 DADE

29 33162

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUCK, ABRAHAM
1231 N.E. 175TH STREET
N MIAMI BEACH FL 33162

81 Name

BRUCK, ABRAHAM

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

17231 NE 11TH COURT

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/16/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME MARK KNOBEL
STREET ADDRESS 909 47TH ST
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ 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 ☒ Change ☐ 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 ☐ Change ☒ 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 ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(i), 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

SIGNATURE ABRAHAM BRUCK

9/16/97

305-652-8400

CR2E037 (4/97)