


FILED

Jul 15 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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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005865 (8)
1. Corporation Name
KEY BICAYNE TECHNOLOGY TRUST FOUNDATION, INC.



Principal Place of Business	Mailing Address
601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131	601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131-2649

3. Date Incorporated or Qualified 11/18/1996	3a. Date of Last Report
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2. Principal Place of Business		2a. Mailing Address	
21	251 Crandon Blvd #437	26	251 Crandon Blvd
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	Apt # 437	27	Apt # 437
City & State		City & State	
23	Key Biscayne FL	28	Key Biscayne FL
Zip	Country	Zip	Country
24	33149	25	USA
		29	33149
		30	USA

4. FEI Number	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	
ALLEN & GALEGO 601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131	81 Name <i>He</i>
	82 Street Address <i>9890</i>
	83
	84 City <i>Mia</i>

10. Name and Address of New Registered Agent

my Marine/10, Egg.
ss (RD. Box Number is Not Acceptable)
5w 106 Street

mi FL 85 Zip Code 33170

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 Henry Marinello April 25, 1997
Signature, word or printed name of registered agent and title if applicable. (Not required if Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> D	PRESIDENT CYNTHIA CUTLER (D) <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	251 Crandon Blvd Apt 437	1.2 NAME	
STREET ADDRESS	Key Biscayne, FL 33149	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> D	TREASURER <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> D	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Braunbaum (D)	2.2 NAME	Carol Mullen-O'Leary (D)
STREET ADDRESS	115 Crandon Blvd Apt 1031	2.3 STREET ADDRESS	444 Fernwood Road
	Key Biscayne FL 33149	2.4 CITY-ST-ZIP	Key Biscayne FL 33149
TITLE <input checked="" type="checkbox"/> D	SECRETARY <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> D	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Fox-Rosselini (D)	3.2 NAME	Conchita Suarez (D)
STREET ADDRESS	201 Crandon Blvd Apt 1100	3.3 STREET ADDRESS	201 Crandon Blvd # 641
CITY-ST-ZIP	Key Biscayne FL 33149	3.4 CITY-ST-ZIP	Key Biscayne FL 33149
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 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.

CR2F037 (9/06)