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Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001059 (1)**

1. Corporation Name

**THE CHELSEA FUND FOR S.I.D.S. RESEARCH INC.**

Principal Place of Business

Mailing Address

**14275 S.W. 74TH AVENUE  
MIAMI FL 33158**

**14275 S.W. 74TH AVENUE  
MIAMI FL 33158**

3. Date Incorporated or Qualified

**02/20/1997**

4. FEI Number

**65-0732541**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PALENT, SANDY  
14275 S.W. 74TH AVENUE  
MIAMI FL 33158**

81 Name

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

83

84 City

**FL**

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

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	

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	<b>D/P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MYRNA GROSSMAN</b>	
1.3 STREET ADDRESS	<b>6012 PARADISE POINT DRIVE</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33157</b>	

2.1 TITLE	<b>D/V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SANDY PALENT</b>	
2.3 STREET ADDRESS	<b>14275 SOUTHWEST 74TH AVENUE</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33158</b>	

3.1 TITLE	<b>D/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>INA JACKOWITZ</b>	
3.3 STREET ADDRESS	<b>78 NORTHWEST 108TH TERRACE</b>	
3.4 CITY-ST-ZIP	<b>PLANTATION, FLORIDA 33324</b>	

4.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>EDWIN PALENT</b>	
4.3 STREET ADDRESS	<b>14275 SOUTHWEST 74TH AVENUE</b>	
4.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33158</b>	

5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>ARTHUR JACKOWITZ</b>	
5.3 STREET ADDRESS	<b>78 NORTHWEST 108TH TERRACE</b>	
5.4 CITY-ST-ZIP	<b>PLANTATION, FLORIDA 33324</b>	

6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>EDWARD KALISH</b>	
6.3 STREET ADDRESS	<b>5760 SOUTHWEST 116TH STREET</b>	
6.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33156</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(N), 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.

SIGNATURE: *Myrna Grossman* **REQUIRED**

JANUARY 20, 1998 (305) 235-7197

CR2E037 (10/97)