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Jun 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N 97000002960

1. Corporation Name
The URBAN CULTURAL MEDIATION INSTITUTE, INC

Principal Place of Business / Mailing Address
The Urban Cultural Mediation Institute, Inc.
12750 NW 27 AVE #103
Opa-Locka, FL 33054
(SAME)

3. Date Incorporated or Qualified: May 22, 1997

4. FEI Number: 65-0771535 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 c/o 8240 NW 15 AVE
22 Suite, Apt. #, etc.
23 City & State: Miami, FL
24 Zip: 33147 25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

Rosalind Jenell McIvery
12750 NW 27 AVE
Suite 103
Opa-Locka, FL
33054

10. Name and Address of New Registered Agent

81 Name: Ralph E. Wilkins, III
82 Street Address (P.O. Box Number is Not Acceptable): 8240 N.W. 15 AVE
83
84 City: Miami, FL **FL** 85 Zip Code: 33147

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: Ralph E Wilkins, III — 4/29/98
Signature, Type or Print the Name and Title of Person Signing (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director ☑ DELETE	1.1 TITLE D	Director ☐ Change ☒ Addition
NAME	Rosalind Jenell McIvery	1.2 NAME	M. LOLA BROWNE
STREET ADDRESS	12750 NW 27 AVE #103	1.3 STREET ADDRESS	1850 NE 158th Street
CITY-ST-ZIP	Opa-Locka, FL 33054	1.4 CITY-ST-ZIP	N. Miami, FL 33162
TITLE	Director ☐ DELETE	2.1 TITLE	Director ☐ Change ☒ Addition
NAME	Femi Folami Browne	2.2 NAME	Ralph E. Wilkins, III
STREET ADDRESS	8240 NW 15 AVE	2.3 STREET ADDRESS	8240 NW 15th AVE
CITY-ST-ZIP	MIAMI, FL 33147	2.4 CITY-ST-ZIP	MIAMI, FL 33147
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Director ☐ Change ☐ Addition
NAME		4.2 NAME	CHARLOT MCKINNEY
STREET ADDRESS		4.3 STREET ADDRESS	8240 NW 15 AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33147
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	300002579329
STREET ADDRESS		6.3 STREET ADDRESS	-06/29/98--01022--010
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***70.00

25
6.26

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.

SIGNATURE: Charlot McKinney Charlot McKinney (DIR) 4/28/98 305-696-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/97)