

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90033 020 \*\*\*\*69.00

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1. Corporation Name

THE URBAN CULTURAL MEDIATION INSTITUTE, INC.

Principal Place of Business

C/O 8240 N.W. 15 AVE.  
MIAMI FL 33147  
US

Mailing Address

C/O 8240 N.W. 15 AVE.  
MIAMI FL 33147  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/22/1997

4. FEI Number

06-0771535

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

9. Name and Address of Current Registered Agent

WILKINS, RALPH G III  
8240 N.W. 15 AVE.  
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name

M. Lola Browne

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

8240 NW 15th Ave

83

MIAMI FL

84 City

MIA

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

M. Lola Browne

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/99

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BROWNE, M. LOLA  
STREET ADDRESS 1850 N.E. 158TH STREET  
CITY-ST-ZIP NORTH MIAMI FL 33162

DELETE

TITLE D  
NAME WILKINS, RALPH E III  
STREET ADDRESS 8240 N.W. 15 AVE.  
CITY-ST-ZIP MIAMI FL 33147

DELETE

TITLE D  
NAME MCKINNEY, CHARLOT  
STREET ADDRESS 8240 N.W. 15 AVE.  
CITY-ST-ZIP MIAMI FL 33147

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE DIRECTOR  
2.2 NAME VE BROWNE  
2.3 STREET ADDRESS 8240 NW 15th Ave  
2.4 CITY-ST-ZIP MIAMI, FL 33147

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE: M. Lola Browne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99

Date

305-691-5843

Daytime Phone