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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000007151 (0)

1. Corporation Name

THE AVANT FAMILY FOUNDATION, INC.



Principal Place of Business

Mailing Address

1000 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131

1000 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131

3. Date Incorporated or Qualified

12/26/1997

4. FEI Number

65-0800925

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1000 Brickell Avenue

26 1000 Brickell Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 900

27 900

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip Country

Zip Country

24 33131

25 Miami-Dade

29 33131

30 Miami-Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOSTRO, LOUIS
201 SUTH BISCAYNE BOULEVARD
1600 MIAMI CENTER
MIAMI FL 33131

81 Name STEPHEN L. PERRONE

82 Street Address (P.O. Box Number is Not Acceptable)
1000 BRICKELL AVE.

83 SUITE 900

84 City MIAMI

FL

85 Zip Code 33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME AVANT, KATHERINE G
STREET ADDRESS 2405 ARDSON PLACE #803A
CITY-ST-ZIP TAMPA FL 33629

TITLE D
NAME REIK, JACQUELINE K
STREET ADDRESS 44 SHAW LANE
CITY-ST-ZIP FORT THOMAS LY 41075

TITLE D
NAME PERRONE, STEPHEN L
STREET ADDRESS 1000 BRICKELL AVENUE, SUITE 900
CITY-ST-ZIP MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

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
STEPHEN L. PERRONE 2/25/98 305-379-7100

CP2E037 (10/97)