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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000002875

1. Corporation Name

GREATER MIAMI RIVER FOUNDATION, INC.

Principal Place of Business
 1529 N.W. SOUTH RIVER DRIVE
 MIAMI FL 33125-2701

Mailing Address
 1529 N.W. SOUTH RIVER DRIVE
 MIAMI FL 33125-2701



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	<i>None</i>	26	<i>None</i>	05/20/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0875999	
22. City & State		27. City & State		5. Certificate of Status Desired	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INGRAM, NADIA 2100 PONCE DE LEON BOULEVARD SUITE 920 CORAL GABLES FL 33134				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS
PD	BODIN, ERIC A	<input type="checkbox"/>			
	1529 N.W. SOUTH RIVER DRIVE				
	MIAMI FL 33125-2701				
VD	BODIN, GLORIA R	<input checked="" type="checkbox"/>	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS
	1529 N.W. SOUTH RIVER DRIVE			NADIA Ingram	2100 Ponce de Leon #920
	MIAMI FL 33125-2701			Coral Gables, FL 33134	
SD	BODIN, CARRIE	<input checked="" type="checkbox"/>	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME
	3341 N.W. 82ND AVENUE			DAVID B. GARRETT	3930 Irvington Ave
	MIAMI FL 33122			Coconut Grove, FL 33134	
TD	BODIN, AMORY	<input checked="" type="checkbox"/>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
	3341 N.W. 82ND AVENUE				
	MIAMI FL 33122				
		<input type="checkbox"/>	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME
		<input type="checkbox"/>	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
		<input type="checkbox"/>	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)(l), 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: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99 305-442-1322
Date Daytime Phone #