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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003080					
1. Corporation Name PREMA FOUNDATION, INC.					
Principal Place of Business 1401 S OCEAN BLVD #104 BOCA RATON FL 33432			Mailing Address 1401 S OCEAN BLVD #104 BOCA RATON FL 33432		



2. Principal Place of Business 21 8357 W. Flagler St. Suite, Apt. #, etc. 22 Suite # 329 City & State 23 Miami FL Zip Country 24 33144 25 USA		2a. Mailing Address 26 8357 W. Flagler St. Suite, Apt. #, etc. 27 # 329 City & State 28 Miami FL Zip Country 29 33144 30 USA		3. Date Incorporated or Qualified 05/27/1998	
4. FEI Number				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SCHNELL, DONALD BURTON 1401 S OCEAN BLVD #104 BOCA RATON FL 33432			10. Name and Address of New Registered Agent 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 *X Donald Burton Schnell*
 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 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE DIAMOND, MARILYN H 1401 S OCEAN BLVD #104 BOCA RATON FL 33432 <input checked="" type="checkbox"/> DELETE SCHNELL, DONALD BURTON 1401 S OCEAN BLVD #104 BOCA RATON FL 33432 <input checked="" type="checkbox"/> DELETE NEUWIRTH, LISA 1401 S OCEAN BLVD #104 BOCA RATON FL 33432 <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Diamond, Marilyn 8357 W. Flagler St. # 329 Miami, FL 33144 <input type="checkbox"/> Change <input type="checkbox"/> Addition D Schnell, Donald Burton 1401 S. Ocean Blvd. #104 Boca Raton, FL 33432 <input type="checkbox"/> Change <input type="checkbox"/> Addition D Neuwirth, Lisa 1401 S. Ocean Blvd. #104 Boca Raton, FL 33432 <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> 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: *Marilyn Diamond* - Marilyn Diamond 4/29/99 305-225-7007
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)