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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 # N98000004270

1. Corporation Name

MCPBA FOUNDATION, INC.

Principal Place of Business

C/O LYNN C. WASHINGTON
701 BRICKELL AVE. SUITE 3000
MIAMI FL 33131

Mailing Address

C/O LYNN C. WASHINGTON
701 BRICKELL AVE. SUITE 3000
MIAMI FL 33131

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 P.O. Box 015563

27 Suite, Apt. #, etc.

28 City & State

Miami, Florida

29 Zip

33101

Country

U.S.A.

3. Date Incorporated or Qualified

07/23/1998

4. FEI Number

31-1615678

Applied For
Not Applicable

5. Certificate of Status Desired XXX

\$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

WASHINGTON, LYNN C
C/O HOLLAND & KNIGHT
701 BRICKELL AVE, SUITE 2800
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
Orville McLish
82 Street Address (P.O. Box Number is Not Acceptable)
960 N.E. 214 Lane #4
83
84 City
Miami
FL 85 Zip Code
33162

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 Orville McLish

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

(NOTE: Registered agent signature required when reinstating)

3 August 99
DATE

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input checked="" type="checkbox"/> DELETE
NAME	Erol Stewart	
STREET ADDRESS	20231 NW 4 Ave	
CITY-ST-ZIP	Miami, FL 33169	
TITLE	D/VP	<input checked="" type="checkbox"/> DELETE
NAME	Torsant Cowart	
STREET ADDRESS	18722 NW 42 ct	
CITY-ST-ZIP	Miami, FL 33055	
TITLE	D/VP	<input type="checkbox"/> DELETE
NAME	Willie Ealey	
STREET ADDRESS	2900 NW 184 St	
CITY-ST-ZIP	Miami, FL 33056	
TITLE	D/T	<input checked="" type="checkbox"/> DELETE
NAME	Willie R. Jackson	
STREET ADDRESS	15600 NW 7 Ave	
CITY-ST-ZIP	Miami, FL 33169	
TITLE	D/S	<input checked="" type="checkbox"/> DELETE
NAME	Sharon Marbury	
STREET ADDRESS	2080 NW 191 St	
CITY-ST-ZIP	Miami, FL 33056	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Torsant Cowart	
1.3 STREET ADDRESS	18722 NW 42 ct	
1.4 CITY-ST-ZIP	Miami, FL 33055	
2.1 TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Willie Ealey	
2.3 STREET ADDRESS	2900 NW 184 St	
2.4 CITY-ST-ZIP	Miami, FL 33056	
3.1 TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bobbie Cheatham	
3.3 STREET ADDRESS	17201 NW 22 Ave	
3.4 CITY-ST-ZIP	Miami, FL 33169	
4.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Orville McLish	
4.3 STREET ADDRESS	960 NE 214 Lane #4	
4.4 CITY-ST-ZIP	Miami, FL 33162	
5.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Anita Najiy	
5.3 STREET ADDRESS	421 NW 104 St	
5.4 CITY-ST-ZIP	Miami, FL 33150	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ramon Carr	
6.3 STREET ADDRESS	3561 SW 70 Ave	
6.4 CITY-ST-ZIP	Miramar, FL 33023	

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:

Ramon Carr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 August 99

Date

(305) 795-2300

Daytime Phone #

CR2E037 (11/98)