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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 # N98000004398

1. Corporation Name

SOUTH FLORIDA DIVERSITY COUNCIL, INC.

Principal Place of Business
427 BILTMORE WAY, SUITE 204
CORAL GABLES FL 33134

Mailing Address
427 BILTMORE WAY, SUITE 204
CORAL GABLES FL 33134



2. Principal Place of Business 21 8510 NW 3 lane Suite, Apt. #, etc. #1	2a. Mailing Address 26 8510 NW 3 lane Suite, Apt. #, etc. #1	3. Date Incorporated or Qualified 07/30/1998
22 City & State 23 MIAMI FLORIDA Zip 33126 Country USA	27 City & State 28 MIAMI FLORIDA Zip 33126 Country USA	4. FEI Number 65-0861489 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FERNANDEZ, ISABEL L
427 BILTMORE WAY, SUITE 204
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 8510 NW 3 Ln. #1
84 City MIAMI FL 85 Zip Code 33126

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

Isabel L. Fernandez

ISABEL L. Fernandez 01/06/99

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, ISABEL L	1.2 NAME	Fernandez, Isabel L.
STREET ADDRESS	13899 BISCAYNE BLVD #205	1.3 STREET ADDRESS	8510 NW 3 Lane #1
CITY-ST-ZIP	MIAMI FL 33189	1.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GINN, DONNA	2.2 NAME	Wilhelmena MACK
STREET ADDRESS	11430 N KENDALL DRIVE, SUITE 208	2.3 STREET ADDRESS	2101 W. Commercial BLVD. #2000
CITY-ST-ZIP	MIAMI FL 33176-1057	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLLACK, TERRI	3.2 NAME	Kandell Bentley-Baker
STREET ADDRESS	9100 SOUTH DADELAND BLVD, SUITE 205	3.3 STREET ADDRESS	4192 Trenton Ave
CITY-ST-ZIP	MIAMI FL 33156	3.4 CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, JULIO	4.2 NAME	
STREET ADDRESS	UNIVERSITY PARK PC 215	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33199	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAD, MARC	5.2 NAME	
STREET ADDRESS	100 CARIBBEAN WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGG, J ROBBY JR	6.2 NAME	GREGG, J. ROBBY JR.
STREET ADDRESS	9100 SOUTH DADELAND BLVD, SUITE 204	6.3 STREET ADDRESS	Adecco - 1300 Connecticut Ave, NW, #150
CITY-ST-ZIP	MIAMI FL 33156	6.4 CITY-ST-ZIP	WASHINGTON DC 20036

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:

Isabel L. Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)