

FILE NOW: FILING FEE IS \$61.25

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99 OCT 18 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

529158-90067-26

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000007250
 1. Corporation Name
THE UNIVERSITY OF MICHIGAN SCHOOL OF BUSINESS ALUMNI CLUB OF SOUTH FLORIDA, INC.

Principal Place of Business 1408 BRICKELL BAY DRIVE, STE. 617 MIAMI FL 33131	Mailing Address 1408 BRICKELL BAY DRIVE, STE. 617 MIAMI FL 33131
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S-10-99 90067 026

21 Principal Place of Business	2a Mailing Address	3 Date Incorporated or Qualified 12/21/1998
22 Suite, Apt. #, etc.	2b Suite, Apt. #, etc.	4 FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 City & State	27 City & State	5 Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	28 Zip	6 Election Campaign Financing True Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country	29 Country	
30		

9. Name and Address of Current Registered Agent WITES, MARC A HOMER & BONNER, P.A. 100 SE 2ND ST., STE. 3400 MIAMI FL 33131	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Jeff Kleino, President/Dir.
STREET ADDRESS		1.3 STREET ADDRESS	1408 Brickell Bay Dr., Ste 617
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Marc A. Wites, Director/VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Marc A. Wites, Director/VP
STREET ADDRESS		2.3 STREET ADDRESS	1408 Brickell Bay Dr., Ste 617
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Robert Toffe T/O <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Robert Toffe T/O
STREET ADDRESS		3.3 STREET ADDRESS	1408 Brickell Bay Dr., Ste 617
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1998)

5/10/99 305.350
5100
Daytime Phone #