NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harrist

Secretary of State

DIVISION OF CORPORATIONS

## FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90217 016 \*\*\*\*61.25

DOCUMENT # N9800007255  1. Corporation Name								
THE LEC	) & GLORIA MARTIN CHARI	TABLE FOUNDATI	ON, I					
Principal Place	o of Rusiness	Mailing Address	•		<del>- </del>			
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2127 BRICKELL AVENUE 2127 BRICKELL AVENUE PENTHONISE 3602 PENTHOUSE 3602 MIAMI FL 33129 MIAMI FL 33129			NUE					
					1 - 0 - 164			
2. Principal Pl	lace of Business	2a. Mailing Address			3. Date incorporated or Qualifed 12/24/1998		1	
21 Suite Ant	# ata	26 Suite, Apt. #, etc			4. FE) Number	Apr	lied For	
Suite, Apt.	#, etc.	27	••		65-0883167	Not	Applicable	
22 City & State		City & State				\$8.75 A	dditional	
23	-	28			5. Certificate of Status Desired	Fee Rec	ulred	
Zip	Country	Zip		untry	6. Election Campaign Financing	\$5.00		
24			30		Trust Fund Contribution	Added to	Fees	==
	9. Name and Address of Current	Registered Agent		04 N	10. Name and Address of New Registered	Ayent		
				81 Name				
M & W AGENTS, INC.			82 Street Address (P.O. Box Number is Not Acceptable)					
2101 CORPORATE BLVD.					-			
SUITE 107	•			83				
BOCA RAT	TON FL 33431			84 City	FL	85 Zip C	ode	
		4 C47 4509 Florida 6	Cinhulan Iba	above named con		changing its r	registered	
office or n agent. 1 a	to the provisions of Sections 617.0502 registered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change violes of, Section 617.050:	was authorize 3, Florida Sta	ed by the corporat tutes.	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoin	ntment as reg	istered	
SIGNATURE							l l	€
SIGNATURE	Signature, typed or printed name of registered egent	t and title if applicable.	(NOTE: Registere	d Agent signature requir			l l	(86)
SIGNATURE	Signature, typed or printed name of registered epent	t and title if applicable.	(NOTE: Registere	d Agent signature requir	ed when reinstating) DATE		l l	(11/98)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered spening OFFICERS ANI	and the Mappicable. D DIRECTORS	(NOTE: Registers 13	ed Agent signeture require TITLE	ed when reinstating) DATE	D DIRECTOR	RS IN 12	
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND D MARTIN, LEO	and the Mappicable. D DIRECTORS	(NOTE: Registers 1.3 TE 1.11	d Agent signsture require . ITTLE WAME	ed when reinstating) DATE	D DIRECTOR	RS IN 12	
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t mereby certify that the information supplied with full stilling does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that I are 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 are an officer or director of the corporation or the receiver or furstee 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 accress, with all office in the empowered.

SIGNATURE AND TYPED OR PRINTE