


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P-95000094366			
1. Corporation Name MULTICULTURE RESEARCH INSTITUTE, INC.			
Principal Place of Business 25 SE 2nd Avenue S-810 Miami, FL 33131		Mailing Address 25 SE 2nd Avenue S-810 Miami, FL 33131	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent PUNANCY, HARLENE 25 SE 2nd Ave S-810 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	
85 Zip Code		FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.			
SIGNATURE			
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	
11 TITLE		12 NAME	
12 NAME		13 STREET ADDRESS	
13 STREET ADDRESS		14 CITY-ST-ZIP	
14 CITY-ST-ZIP		21 TITLE	
21 TITLE		22 NAME	
22 NAME		23 STREET ADDRESS	
23 STREET ADDRESS		24 CITY-ST-ZIP	
24 CITY-ST-ZIP		31 TITLE	
31 TITLE		32 NAME	
32 NAME		33 STREET ADDRESS	
33 STREET ADDRESS		34 CITY-ST-ZIP	
34 CITY-ST-ZIP		41 TITLE	
41 TITLE		42 NAME	
42 NAME		43 STREET ADDRESS	
43 STREET ADDRESS		44 CITY-ST-ZIP	
44 CITY-ST-ZIP		51 TITLE	
51 TITLE		52 NAME	
52 NAME		53 STREET ADDRESS	
53 STREET ADDRESS		54 CITY-ST-ZIP	
54 CITY-ST-ZIP		61 TITLE	
61 TITLE		62 NAME	
62 NAME		63 STREET ADDRESS	
63 STREET ADDRESS		64 CITY-ST-ZIP	
64 CITY-ST-ZIP		65 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 607, 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: Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR