

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

FILED  
Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morinham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000019572 (1)

1. Corporation Name

ALONZO MOURNING FOUNDATION, INC.

Principal Place of Business

Mailing Address

2665 S BAYSHORE DR  
SUITE M-103  
COCONUT GROVE FL 33133

2665 S BAYSHORE DR  
SUITE M-103  
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1997

4. FEI Number

N/A

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3225 AVIATION AVENUE	26 3225 AVIATION AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 700	27 700
City & State	City & State
23 COCONUT GROVE FL	28 COCONUT GROVE FL
Zip	Zip
24 33133	29 33133
Country	Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAMENESH, PETER Z  
2665 S BAYSHORE DR  
SUITE M-103  
COCONUT GROVE FL 33133

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3225 AVIATION AVENUE
83 # 700
84 City
COCONUT GROVE FL
85 Zip Code
33133

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 PETER Z. KAMENESH

DATE 1/14/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	MOURNING, ALONZO
STREET ADDRESS	5301 WISCONSIN AVE NW SUITE 325
CITY-ST-ZIP	WASHINGTON DC 33133-2001
TITLE	DV
NAME	FURST, ALLEN S
STREET ADDRESS	5301 WISCONSIN AVE NW SUITE 325
CITY-ST-ZIP	WASHINGTON DC 33133-2001
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: [Signature]

1/14/98 305 PSL/LLI

CR2E034 (10/97)