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UNRECORDED

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000019572

1. Corporation Name
ALONZO MOURNING FOUNDATION, INC.



Principal Place of Business: 3225 AVIATION AVE #700 COCONUT GROVE FL 33133 US
 Mailing Address: 3225 AVIATION AVE #700 COCONUT GROVE FL 33133 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 2911 Grand Ave, Suite, Apt. #, etc. 22 Suite 3A, City & State 23 Coconut Grove, FL, Zip 24 33133, Country 25 USA
 2a. Mailing Address: 26 5301 Wisconsin Ave, NW, Suite, Apt. #, etc. 27 Suite 325, City & State 28 Washington, DC, Zip 29 20015, Country 30 USA

3. Date Incorporated or Qualified: 02/26/1997
 4. FEI Number: 65-0777544, 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 the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
KAMENESH, PETER Z
 3225 AVIATION AVE #700 COCONUT GROVE FL 33133

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP
 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP
 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP
 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP
 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP
 6.1 TITLE, 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 an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 4/23/99 202-364-8506
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Allen S. Furst Date: Daytime Phone #

CR2E034 (1/98)