## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

	MEN I # 70020  N. MCARTHUR FOUNDAT	<b>\</b> - <b>/</b>			 	1	
Principal Place	e of Business	Mailing Address				A FEAR BARBA DIĞIN DIĞIN BAR	
BO S.W. BTH STREET Suite 2110 Miami FL 33130 US		80 S.W. 8TH STREET SUITE 2110 MIAMI FL 33130 US		Date Incorporated or Qualified	3a. Date of Last	• 1	
2. Principal Pl	lace of Business	2a. Mailing Address			06/30/1959 4. FEI Number	05/01/1	Applied For
21		26			59-6063228		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	5 Additional Required
City & State	е	City & State			Election Campaign Financing     Trust Fund Contribution		May Be
Zip	Country	Zip	Zip Country		8. This corporation has liability for Intangible tax under s. 199.032,		
24	25   29   9. Name and Address of Current Registered Agent		30		Florida Statutes		
	5. Name and Address of Curre	ent Registered Agent		1 Name	10. Name and Address of New Re	gistered Agent	
DAVIS	NANCY J.		L			77	
	8TH STREET		82		ldress (P.C. Box Number is Not Acceptable	3)	
SUITE 2			83				
MIAMI F	L 33130		ī	4 City		-a 85 Zij	p Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes				- 7			´
familiar wit	red agent, or both, in the State of Flor th, and accept the obligations of, Sec Signature, typed or printed name of registered age	ction 617.0503, Florida Statutes	zed by the co s.	rporation's bo	ard of directors. I hereby accept the appoi	intment as registered	agent. I am
12.	OFFICERS AND DIRECTORS		13.	gent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	DRS IN 12
TITLE	VD	DELETE		: T	, 25,16,16,16,16,16	Change	Addition
NAME	Laskin, Linda Davis		1.2 NAM	E		_	_
STREET ADDRESS	80 SW 8TH ST. STE. 2110		1.3 STR	ET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33130			-ST-ZIP			
TITLE	<del></del>		2 1 TITL			☐ Change	Addition
NAME STREET ADDRESS	DAVIS, RHODES J		2 2 NAME				
CITY-ST-ZIP	80 SW 8TH ST. STE. 2110 MIAMI FL 33130		1	ET ADDRESS			
TITLE			2. 4 UIT	'-S1-ZIP	P/D	Change	Addition
NAME	B 11 # A . 11 11 A		3.2 NAM			For croude	☐ vogition
STREET ADDRESS	80 SW 8TH ST. STE. 2110			ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33130			-ST-ZIP			
TITLE	ST	DELETE	4.1 TITLE			☐ Change	Addition
NAME	ADELHEID, JAMES E		4. 2 NAM	)E			
STREET ADDRESS	80 S.W. 8TH STREET, SUITE	2110	4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33130		4.4 CITY				
TITLE NAME	DELETE		5 1 TITLE	J		Change	☐ Addition
STREET ADDRESS			5.2 NAM				
DITY-ST-ZIP				ET ADDRESS			
TITLE	DELETE		5.4 CITY 6.1 TITLE			Change	☐ Addition
NAME			6.2 NAM	- 1		П стинде	AUVIOUI
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY	-ST-ZIP			
14. I do hereby certify that	y certify that the information supplied the information indicated on this app	with this filing is voluntarily furn	ished and do	es not qualify	for the exemption stated in Section 119.0	7(3)(k), Florida Statute	es. I further

certify that the information indicated of this annual report of supplemental annual report is true and accurate and that my signature shar have the same legal effect as it 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 or an attachment with an address.

SIGNATURE: Name

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-374-8411