

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707465 (1)

1. Corporation Name

BIG BROTHERS/BIG SISTERS OF GREATER MIAMI, INC.



Principal Place of Business

Mailing Address

**100 ALMERIA
SUITE 310
CORAL GABLES FL 33134**

**100 ALMERIA
SUITE 310
CORAL GABLES FL 33134**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/19/1964

3a. Date of Last Report

05/23/1995

4. FEI Number

59-6166904

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

**MUNIZ, LYDIA I.
100 ALMERIA
SUITE 310
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **P**
STREET ADDRESS **RYNOR, JEFFREY A**
CITY-STATE-ZIP **1 S.E. 3RD AVE. #2200**
MIAMI FL 33131

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VD**
STREET ADDRESS **GOLDIN, STEVE**
CITY-STATE-ZIP **9500 S. DADELAND BLVD. #600**
MIAMI FL 33156

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **SD**
STREET ADDRESS **BAIN, PAULA**
CITY-STATE-ZIP **1701 N.W. 30TH AVE.**
MIAMI FL 33125

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **TD**
STREET ADDRESS **SAUNDERSON, BILL**
CITY-STATE-ZIP **701 BRICKELL AVE. STE. #1500**
MIAMI FL 33131

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **D**
STREET ADDRESS **DIAZ, SUSAN**
CITY-STATE-ZIP **701 BRICKELL AVE.**
MIAMI FL 33131

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **PPD**
STREET ADDRESS **SASLAW, GARY**
CITY-STATE-ZIP **20801 BISCAYNE BLVD. #304**
N. MIAMI BEACH FL 33180-1422

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lydia K. Muniz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 **(305) 441-9354**
Date Daytime Phone #

CR2E037 (12/95)