## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

708613

(5)

ERIDIAN AVENUE BEACH FL 33139-0826
lailing Address
uite, Apt. #, etc.

**FILED** 

Feb 06 1997 8:00am

Secretary of State

851 MERIDIAN AVENUE MIAMI BEACH FL 33139				851 MERIDIAN AVENUE MIAMI BEACH FL 33139-0826									·	
									3. Dat	e Incorporated or Qu 03/09/1965	ualified	3a. D:	ate of Last I 04/05/19	Report
2. Principal Place of Business					2a. Mailing Address					Number		I	A	Applied For
21			-1	26						59-0950327			N	Vot Applicable
Suite, Apt.	#, etc.				Suite, Apt. #, etc.				5. Cei	tificate of Status Des	sired			Additional
22				27	00									Required
City & State	е			28	City & State				I	ction Campaign Fina st Fund Contribution	~	П		May Be
Zip		Coun	try	1201	Zip	Τ (	Country			s corporation has liab				
24		25	•	29	,	30	,			ida Statutes		Yes [	No No	8. 199.002,
Name and Address of Current Registered Agent						<u> </u>			me and Address of					
						·	61	Name				<del></del>		
WAKSBE	RG, SIMOI	NE MS					82	Street	Address (P.O.)	Box Number is Not A	ccentable	<u> </u>		H
851 MER	RIDIAN AVE							011000		50X 110/11501 15 110( P	1000piaon			
APT. 52							83							
Miami bi	EACH FL 3	3139					84	City				FL	<b>85</b> Zip	Code
11. Pursuant office or ragent. La	to the provis egistered ag m familiar w	ions of Se jent, or bo ith, and ac	ctions 617.0502 th, in the State of cept the obligati	and 6 f Florid ons of	17.1508, Florida Statut da. Such change was i l, Section 617.0503, Fli	ites, the author lorida S	above ized by Statutes	named the corp	corporation su poration's board	bmits this statement d of directors. I hereb	for the pu by accept	rpose o	f changing pointment a	Its registered is registered
SIGNATURE														
	Signature, typed		me of registered agent					nt signature	required when reins			DATE	DIDECTO	200 111 40
12.	PD		OFFICERS AND	DIREC	DELETE		3.		UUA	ITIONS/CHANGES T	O OFFICE	HS AND		
NAME		OG GHA	ONE MS		E DELETE		1 TITLE						L Change	☐ Addition
STREET ADDRESS			VENUE, APT 5:	,			2 NAME	4DDDCCC						
		EACH FL	•	4				ADDRESS						
CITY-ST-ZIP TITLE	TD	LACITIE	. 00108		DELETE		4 CITY - S 1 TITLE	1-ZIP					☐ Change	Addition
NAME	WILSON	DAVID					2 NAME						C Creange	
STREET ADDRESS			VENUE, APT 3	1				ADDRESS -						
CITY-ST-ZIP		EACH FL	•	•			4 CITY-8							
TITLE	SD				DELETE		1 TITLE	,,-211			<del></del>	·	Change	Addition
NAME	1 7	R, CELIA				3.	2 NAME							_
STREET ADDRESS			VENUE, APT. 3	32				ADDRESS						
CITY-ST-ZIP		EACH FL	•			3.	4. CITY-S	T-ZIP						
TITLE					DELETE		1 TITLE				<del></del>		Change	Addition
NAME						4.	2 NAME							
STREET ADDRESS						4.	3 STREET	ADDRESS						
CITY-ST-ZIP						4.	4 CITY - S	T-ZIP						
TITLE					DELETE	5.	1 TITLE						Change	Addition
NAME						5.	2 NAME							
STREET ADDRESS						5.	3 STREET	ADORESS						
CITY-ST-ZIP						5.	4 CITY-S	T-ZIP						
TITLE					☐ DELETE	6.	1 TITLE						Change	Addition
NAME	1					6.	2 NAME							
STREET ADDRESS						6.	3 STREET	ADDRESS						
AUTY OT THE							. 0.50	ID						

14. I do 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 eath; 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 of an attachment with an address.

SIGNATURE: