FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

AMENDED AND FILED

95 FEB 15 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001408441
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****130.00 ****130.00

DOCUMENT # 713210 (3)

1. Corporation Name
MIAMI PIONEERS

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
250 N.W. NORTH RIVER DRIVE MIAMI FL 33128	250 N.W. NORTH RIVER DRIVE MIAMI FL 33128

3. Date Incorporated or Qualified: 08/17/1967
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-0746816 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status 501(c)(4) ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MICKLER, EDGAR E, SR.
1270 SW 17 ST
MIAMI FL 33145-8624

10. Name and Address of New Registered Agent

81 Name: AUDREY E. SINGLETON
82 Street Address (P.O. Box Number is Not Acceptable): 240 S.W 54 AVENUE
83
84 City: MIAMI FL 85 Zip Code: 33134

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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Audrey E. Singleton - AUDREY E. SINGLETON 2/6/95
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CURRY, LAMAR L	1.2 NAME	
STREET ADDRESS	8815 ARVIDA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	VAN ORSDEL, CLIFFORD	2.2 NAME	
STREET ADDRESS	1020 VALENCIA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	MALONE, MAY C.	3.2 NAME	
STREET ADDRESS	4325 S.W. 5 TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	SINGLETON, AUDREY	4.2 NAME	
STREET ADDRESS	240 S.W. 54 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	WHYTE, LAURA	5.2 NAME	ROSE MARIE MORRIS
STREET ADDRESS	1100 EL RADO STREET	5.3 STREET ADDRESS	9000 S.W. 40 TERRACE
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	MIAMI, FL. 33165
TITLE	V	6.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	MICKLER, EDGAR E. SR.	6.2 NAME	
STREET ADDRESS	1270 S.W. 17 ST.	6.3 STREET ADDRESS	2/15/95 MB
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Audrey E Singleton 2/6/95 305/443-7825
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
AUDREY E. SINGLETON, TREAS.

0006783