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FILED
Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 713210 (3)

1. Corporation Name

MIAMI PIONEERS

Principal Place of Business	Mailing Address
C/O AUDREY E. SINGLETON, TREASURER 240 S.W. 54TH AVE. MIAMI FL 33134	C/O AUDREY E. SINGLETON, TREASURER 240 S.W. 54TH AVE. MIAMI FL 33134-1144

3. Date Incorporated or Qualified: 08/17/1967
3a. Date of Last Report: 07/23/1996
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
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

SINGLETON, AUDREY E
240 S.W. 54TH AVENUE
MIAMI 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	D	☐ DELETE	1.1 TITLE	HISTORIAN	☒ 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	VP	☒ DELETE	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	MASON, JAQUELIN		2.2 NAME	JACQUELYN BIGGANE	
STREET ADDRESS	6741 BRIGHTON PLACE		2.3 STREET ADDRESS	340 N.E. 129 STREET	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	P	☒ DELETE	3.1 TITLE	PRESIDENT & DIRECTOR	☒ Change ☐ Addition
NAME	MALONE, MAY C.		3.2 NAME	JAMES JACKSON HUTSON	
STREET ADDRESS	4325 S.W. 5 TERR		3.3 STREET ADDRESS	1650 N.W. 9 STREET	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	T	☐ DELETE	4.1 TITLE	TREASURER & DIRECTOR	☒ 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	☒ DELETE	5.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	MORRIS, ROSE MARIE		5.2 NAME	BEVERLY ALLEN	
STREET ADDRESS	9000 S.W. 40 TERRACE		5.3 STREET ADDRESS	29911 S.W. 151 AVENUE	
CITY-ST-ZIP	MIAMI FL 33165		5.4 CITY-ST-ZIP	HOMESTEAD, FL 33852	
TITLE	D	☒ DELETE	6.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	MICKLER, EDGAR E. SR.		6.2 NAME	JAQUELIN MASON	
STREET ADDRESS	1270 S.W. 17 ST.		6.3 STREET ADDRESS	6741 BRIGHTON PLACE	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	CORAL GABLES, FL 33133	

CR2E037 (9/96)

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 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.

4/22/97

SIGNATURE: [signature] AUDREY E. SINGLETON TREAS. 305 443 [illegible]