FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

101

1. Corporation	on Name	34 (0)					
S.F. IN N, INC	idustrial sites prope ;	RTY OWNERS ASSOCIA	TIO				
Principal Place of Business		Mailing Address	Mailing Address		I HORINION OOK LYDDA LAKEN ENKER CINKI ONDI ONDI	if Gib il Bib il Bib il P	
4180 NW 132 ST. MIAMI FL 33054		4180 N.W. 132ND STREET	4180 N.W. 132ND STREET		3. Date Incorporated or Qualified		
		MIAMI FL 33054			12/30/1986		
		US			4. FEI Number	A	pplied For
					59-2826151	N	lot Applicable
2. Principal Place of Business		2e. Mailing Address	⊢ •		5. Certificate of Status Desired		Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing		lequired
22	,	27	27		Trust Fund Contribution	\$5.00 Added t	
City & State		City & State	City & State		7. Is this nonprofit corporation a homeov	vners association	n?
23 Zin	l Country	28			☐ Yes ☐ No		
Zip 24	Country	Zip	Country		 This corporation owes or has paid the Personal Property Tax due June 30. 		ntangible DNo
9. Name and Address of Current Registered Agent			1301	10. Name and Address of New Registered Agent			
				Name			
ZOROVICH, FRED			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	V 132 ST.						
MIAMI FL 33054			83				
			84	City		85 Zip	Code
11. Pursuant	to the provisions of Sections 617	1502 and 617 1508. Florida Statut	es the abov	e-named co	regration cultimite this statement for the purpos	e of changing i	te registered
office or i	registered agent, or both, in the St	ate of Florida. Such change was a	authorized by	y the corpora	ation's board of directors. I hereby accept the	appointment as	registered
SIGNATURE	and decopt the or	ingulions of, coolion of reloco, ric	Silve Olatoto	э.			
	Signature, typed or printed name of registered		E: Registered Ag	ent signature requ	ulred when reinstating) DAT	_	
12.	OFFICERS SD	OFFICERS AND DIRECTORS DELETE		1	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	RS IN 12
NAME	RAFFA, STEVE		1.1 TITLE 1.2 NAME			□ cuange	
STREET ADDRESS	4155 NW 135 ST.		1.3 STREET ADDRESS				
CITY-ST-ZIP	OPALOCKA FL		1.4 CITY-ST-ZIP				
TITLE	PD					Change	Addition
NAME	ZOROVICH, FRED		2.2 NAME				
STREET ADDRESS	4180 N.W. 132ND ST.		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		2. 4 CITY -: 3.1 TITLE	ST-ZIP	4:		
TITLE	V0	☐ DELETE				☐ Change	Addition Addition
NAME expert appropried	WARREN, STANLEY						
STREET ADDRESS	4180 NW 132 ST. MIAM! FL		3.3 STREET				
CITY-ST-ZIP	MINMI FL	DELETE	3.4. CITY - 5 4.1 TITLE	51-217		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S				
TITLE	☐ DELETE		5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	Į.		5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	T-ZIP		——————————————————————————————————————	
TIFLE	DELETE		6.1 TITLE			∐ Change	Addition Addition
NAME etheet annbeec			6.2 NAME	ADDRESS			
STREET ADDRESS			6.3 STREET	AUDRESS			

14. I 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.

SIGNATURE:

1-6-98

305-685-836

FILED

Jan 15 1998 8:00am

Secretary of State