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May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21785 (3)

1. Corporation Name

ST. LUCIA ASSOCIATION OF GREATER MIAMI, INC.

Principal Place of Business

4290 N.W. 43 STREET
LAUDERDALE LAKES
FT. LAUDERDALE FL 33319

Mailing Address

4290 N.W. 43 STREET
LAUDERDALE LAKES
FT. LAUDERDALE FL 33319-3808

2. Principal Place of Business

21 17901 N.W. 43 AVE

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33055

Country

2a. Mailing Address

25 17901 N.W. 43 AVE

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33055

Country

30

9. Name and Address of Current Registered Agent

PETERS, LILA
4290 N.W. 43 STREET
LAUDERDALE LAKES
FT. LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name JAMES, SYLVIA
82 Street Address (P.O. Box Number is Not Acceptable)
4702 NW 192 TERRACE
83
84 City MIAMI, FL
85 Zip Code FL 33055

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

Sylvia James (TREASURER)

SYLVIA JAMES

5/1/97

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PETERS, LILA	
STREET ADDRESS	4290 N.W. 43 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	MARTALLY, TREVOUR	
STREET ADDRESS	4702 N.W. 192 TERRACE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORTALLY, SHARON	
STREET ADDRESS	4702 N.W. 192 TERRACE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DUPLESSIS, AREUNELLE	
STREET ADDRESS	17901 N.W. 43 AVENUE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JAMES, SYLVIA	
STREET ADDRESS	4702 N.W. 192 TERRACE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, EDNARD	
STREET ADDRESS	2430 N.W. 181 TERRACE	
CITY-ST-ZIP	MIAMI FL 33056	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	LEWIS, IVY	
1.3 STREET ADDRESS	2800 NW 175TH STREET	
1.4 CITY-ST-ZIP	MIAMI, FL 33055	
2.1 TITLE	D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	RAGOONAN, JOAN	
2.3 STREET ADDRESS	18715 NW 10CT	
2.4 CITY-ST-ZIP	MIAMI, FL 33169	
3.1 TITLE	S	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME	PLANTE, EUGENIA	
3.3 STREET ADDRESS	1811 NW 2ND CT	
3.4 CITY-ST-ZIP	MIAMI, FL 33169	
4.1 TITLE	V	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	DUPLESSIS, AVERNELLE	
4.3 STREET ADDRESS	17901 NW 43 AVENUE	
4.4 CITY-ST-ZIP	MIAMI, FL 33055	
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	TR	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
6.2 NAME	JOHNNY, RAMY	
6.3 STREET ADDRESS	6990 S.W. 173 WAY	
6.4 CITY-ST-ZIP	DAVIE, FL 33331	

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.

SIGNATURE:

Sylvia James (TREASURER)

Date

Daytime Phone # 0033047

CR2E037 (9/96)

ST.LUCIA ASSOCIATION OF GREATER MIAMI

FEI # 59-2838825

ADDITION

(TRUSTEE) BRAITHWAITE, VERNON
9974 s.w. 165 TERRACE
MIAMI, FL 33157

(TRUSTEE) HIPPOLYTE, SONIA
840 CORAL WAY
MIAMI, FL 33134