

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N33342 (9)
1. Corporation Name
SOUTH FLORIDA ALA CHARITY FUND INCORPORATED



Principal Place of Business: **2801 PONCE DE LEON, 9TH FLOOR, CORAL GABLES FL 33134 US**
Mailing Address: **P O BOX 14-9022, 1970 MIAMI CENTER, CORAL GABLES FL 33114 US**

3. Date Incorporated or Qualified: **07/21/1989**
3a. Date of Last Report: **04/28/1995**

21	2. Principal Place of Business 90 RICHNEY + DIAZ	2a. Mailing Address PO BOX 112031	4. FEI Number 65-0145698	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	
22	Suite, Apt. #, etc. 200 SO BISCAYNE BLVD	Suite, Apt. #, etc. #3100	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
23	City & State MIAMI FL	City & State MIAMI FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
24	Zip 33131	Country US	29	Zip 33111-2081	30	Country US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent
**FIVES, LINDA L.
201 S. BISCAYNE BLVD.
1970 MIAMI CENTER
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name: **JUDITH A. SEBASTIAN**
82 Street Address (P.O. Box Number is Not Acceptable): **200 SO BISCAYNE BLVD #3100**
83 City: **MIAMI** FL 85 Zip Code: **33131**

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: *J Sebastian* **JUDITH A. SEBASTIAN** **APR 10, 1996**
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOREIRAS, BIANCA	1.2 NAME	MICHELLE HASKELSON
STREET ADDRESS	20803 BISCAYNE BLVD 200	1.3 STREET ADDRESS	200 SO BISCAYNE BLVD 25 FL
CITY-ST-ZIP	AVENTURA FL	1.4 CITY-ST-ZIP	MIAMI FL 33131
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIVES, LINDA	2.2 NAME	
STREET ADDRESS	201 S. BISCAYNE BLVD. #1970	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEEFRIED, ROBERT H.	3.2 NAME	
STREET ADDRESS	1621 TYLER ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORNEY, LES	4.2 NAME	
STREET ADDRESS	2801 PONCE DE LEON #900	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRA, PHILIP	5.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR #1600	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	JUDITH A SEBASTIAN
STREET ADDRESS		6.3 STREET ADDRESS	200 SO BISCAYNE BLVD #3100
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI FL 33131

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)(k), 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 in an attachment with an address.

SIGNATURE: *L. Forney* **10 Apr 96 305 445 4890**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time #

CR2E037 (12/95)