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Apr 07 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 # N33342 (9)  
1. Corporation Name  
SOUTH FLORIDA ALA CHARITY FUND INCORPORATED



Principal Place of Business: C/O RICHEY & DIAZ, 200 SO BISCAYNE BLVD SUITE 300, MIAMI FL 33131, US

Mailing Address: PO BOX 112031, MIAMI FL 33111-2031, US

3. Date Incorporated or Qualified: 07/21/1989  
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business: 21 70 GALLWEY, GILLMAN ET AL 26, Suite, Apt. #, etc. 22 200 SE 1<sup>ST</sup> ST # 1100, City & State 23 MIAMI FL, Zip 24 33131, Country 25 USA

2a. Mailing Address: 27 Suite, Apt. #, etc. 28 City & State, Zip 29, Country 30

4. FEI Number: 65-0145698  
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

9. Name and Address of Current Registered Agent: SEBASTIAN, JUDITH A., 200 SO BISCAYNE BLVD SUITE 3100, 1970 MIAMI CENTER, MIAMI FL 33131

10. Name and Address of New Registered Agent: 81 Name: DEVITA, ROSE M., 82 Street Address (P.O. Box Number is Not Acceptable): 200 SE 1<sup>ST</sup> ST. # 1100, 83, 84 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: *Rose M. Devita* ROSE M. DEVITA, PRES. DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASKELSON, MICHELLE	1.2 NAME	
STREET ADDRESS	200 SO BISCAYNE BLVD 25TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
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	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEBASTIAN, JUDITH	3.2 NAME	
STREET ADDRESS	200 SO BISCAYNE BLVD SUITE 3100	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORNEY, LES	4.2 NAME	BERGOLLA, ELBA A.
STREET ADDRESS	2801 PONCE DE LEON #900	4.3 STREET ADDRESS	200 SO BISCAYNE BLVD. 20 <sup>TH</sup> FL.
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUERRA, PHILIP	5.2 NAME	DEVITA, ROSE M.
STREET ADDRESS	2601 S BAYSHORE DR #1600	5.3 STREET ADDRESS	200 SE 1 <sup>ST</sup> ST. # 1100
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Rose M. Devita* ROSE M. DEVITA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: \_\_\_\_\_ Daytime Phone # 0033855

CR2E037 (9/96)