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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33342 (9)
1. Corporation Name
SOUTH FLORIDA ALA CHARITY FUND INCORPORATED



Principal Place of Business 200 SE 1ST ST #1100 MIAMI FL 33131 US	Mailing Address PO BOX 112031 MIAMI FL 33111-2031 US
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3. Date Incorporated or Qualified 07/21/1989	
4. FEI Number 65-0145698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**DEVITA, ROSE M
200 SE 1ST ST
#1100
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	HASKELSON, MICHELLE	
STREET ADDRESS	200 SO BISCAYNE BLVD 25TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FIVES, LINDA	
STREET ADDRESS	201 S. BISCAYNE BLVD. #1970	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEBASTIAN, JUDITH	
STREET ADDRESS	200 SO BISCAYNE BLVD SUITE 3100	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BERGOLLA, ELSA A	
STREET ADDRESS	200 S BISCAYNE BLVD 20TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	POD	<input type="checkbox"/> DELETE
NAME	DEVITA, ROSE M	
STREET ADDRESS	200 SE 1ST ST #1100	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HARILYN MORAN	
1.3 STREET ADDRESS	80 S.W. 85TH ST, SUITE 2550	
1.4 CITY-ST-ZIP	MIAMI, FLA. 33130	
2.1 TITLE	PRESIDENT ELECT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CLAUDIA HOFFMAN	
2.3 STREET ADDRESS	701 BRICKELL AVE, SUITE 3000	
2.4 CITY-ST-ZIP	MIAMI FLA. 33131	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PATRICE WAGENEL	
3.3 STREET ADDRESS	200 S BISCAYNE BLVD, SUITE 4670	
3.4 CITY-ST-ZIP	MIAMI, FLA. 33131	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Elsa G. Bergolla* **ELSA G. BERGOLLA 3/26/98 305 358-1605**

CR2E037 (10/97)