# 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 # N50230 (4)

1. Corporation Name
DISTRICT FOUR, INC.

Principal Place of Business
6401 SW 87 AVE
STE 204
MIAMI FL 33173
US

Mailing Address
6401 SW 87 AVE
STE 204
MIAMI FL 33173
US

3. Date Incorporated or Qualified: 07/29/1992
3a. Date of Last Report: 04/06/1995

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

4. FEI Number: 65-0349921 — 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**
~~PICKERING, FRANCES B.~~
16001 S.W. 95 AVENUE
~~MIAMI FL 33157~~

**10. Name and Address of New Registered Agent**
81 Name: Jerry Carney
82 Street Address (P.O. Box Numbers Not Acceptable): 6401 S.W. 87 Ave Suite 204
83
84 City: Miami FL 85 Zip Code: 33173

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: [signature] 3/27/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) DATE

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | PD | ☒ DELETE |
| NAME | ROBAINA, JULIO | |
| STREET ADDRESS | 600 PALM AVE #A | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | D | ☒ DELETE |
| NAME | ROEMAR, ELAINE | |
| STREET ADDRESS | 16001 SW 95 AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | ☒ DELETE |
| NAME | FONTANELLA, JERRY | |
| STREET ADDRESS | 415 W 51 PL | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | |
|---|---|---|
| 1.1 TITLE | President | ☒ Change ☐ Addition |
| 1.2 NAME | Mitchell P. Korus | |
| 1.3 STREET ADDRESS | 1205 Lincoln Rd. #3218 | |
| 1.4 CITY-ST-ZIP | Miami Beach, fl 33139 | |
| 2.1 TITLE | Director | ☒ Change ☐ Addition |
| 2.2 NAME | Robert Gallaher | |
| 2.3 STREET ADDRESS | 2050 Coral Way | |
| 2.4 CITY-ST-ZIP | Miami, fl 33145 | |
| 3.1 TITLE | Director | ☒ Change ☐ Addition |
| 3.2 NAME | Laura Howard | |
| 3.3 STREET ADDRESS | 245 Alcazar Ave. | |
| 3.4 CITY-ST-ZIP | Coral Gables, fl 33134 | |
| 4.1 TITLE | Director / Secretary | ☐ Change ☒ Addition |
| 4.2 NAME | Maureen Levine | |
| 4.3 STREET ADDRESS | 1680 Michigan Ave. #100 | |
| 4.4 CITY-ST-ZIP | Miami Beach, fl 33139 | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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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 on an attachment with an address.

**SIGNATURE:** Maureen Levine, Secretary 3/18/96 305-531-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #