FILE NOW: FILING FEE IS $61.25

FILED
Jan 24 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 # N50230 (4)

1. Corporation Name

DISTRICT FOUR, INC.

Principal Place of Business	Mailing Address
6401 SW 87 AVE STE 204 MIAMI FL 33173 US	6401 SW 87 AVE STE 204 MIAMI FL 33173-2592 US

3. Date Incorporated or Qualified: 07/29/1992
3a. Date of Last Report: 04/12/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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

CARNEY, JERRY
6401 S.W. 87 AVE., SUITE 204
MIAMI FL 33173

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☒ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	KORUS, MITCHELL P		1.2 NAME	Julio Ponce
STREET ADDRESS	1205 LINCOLN RD #3218		1.3 STREET ADDRESS	1255 W. 46 St. #3
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP	Hialeah, fl. 33012
TITLE	D	☒ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	GALLAHER, ROBERT		2.2 NAME	Stephen E. Gaunt
STREET ADDRESS	2050 CORAL WAY		2.3 STREET ADDRESS	200 S. Biscayne Blvd. #5100
CITY-ST-ZIP	MIAMI FL 33145		2.4 CITY-ST-ZIP	miami, fl. 33131
TITLE	D	☒ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	HOWARD, LAURA		3.2 NAME	Beth Butterfield Hwy
STREET ADDRESS	245 ALCAZAR AVE.		3.3 STREET ADDRESS	1360 S. Dixie Hwy
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4 CITY-ST-ZIP	Coral Gables, fl. 33146
TITLE	D/S	☐ DELETE	4.1 TITLE	D/S ☒ Change ☐ Addition
NAME	LEVINO, MAUREEN		4.2 NAME	Levine
STREET ADDRESS	1680 MICHIGAN AVE. #100		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: Maureen Levine 1/12/97 305-534-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0032686