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FILED
Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 US

3. Date Incorporated or Qualified: 07/29/1992

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

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	President	☒ Change ☐ Addition
NAME	PONCE, JULIO		1.2 NAME	Hogan, Nancy	
STREET ADDRESS	1255 W 46 ST #3		1.3 STREET ADDRESS	1500 San Remo Avenue, Suite 110	
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP	Coral Gables, Fl. 33146	
TITLE	D	☒ DELETE	2.1 TITLE	Vice President Director	☒ Change ☐ Addition
NAME	GAUNT, STEPHEN E		2.2 NAME	Thomas Byrne	
STREET ADDRESS	200 S. BISCAYNE BLVD, #5100		2.3 STREET ADDRESS	2050 Coral Way	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, Florida 33145	
TITLE	D	☒ DELETE	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	BUTLER, BETH		3.2 NAME	Al Puig, Jr.	
STREET ADDRESS	1360 S. DIXIE HWY		3.3 STREET ADDRESS	245 Alcazar Avenue	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	Coral Gables, Fla. 33134	
TITLE	D/S	☐ DELETE	4.1 TITLE	Director	☐ Change ☐ Addition
NAME	LEVINE, MAUREEN		4.2 NAME	Levine, Maureen	
STREET ADDRESS	1680 MICHIGAN AVE. #100		4.3 STREET ADDRESS	1680 Michigan Ave. #100	
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP	Miami Beach, fl	
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		

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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: Maureen Levine Maureen Levine Director Vice Pres 2/3/98 305-854-2050