

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90014 029 ****61.25

DOCUMENT # **N50230**

1. Corporation Name

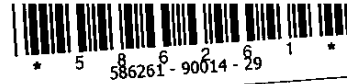
DISTRICT FOUR, INC.

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



2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **HOGAN, NANCY**
STREET ADDRESS **1500 SAN REMO AVENUE, SUITE 110**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **VPD** ☐ DELETE
NAME **BYRNE, THOMAS**
STREET ADDRESS **2050 CORAL WAY**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **D** ☐ DELETE
NAME **PUIG, AL JR**
STREET ADDRESS **245 ALCAZAR AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D S** ☐ DELETE
NAME **LEVINE, MAUREEN**
STREET ADDRESS **1680 MICHIGAN AVE. #100**
CITY-ST-ZIP **MIAMI BEACH FL**

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 **DVP** ☒ Change ☐ Addition
1.2 NAME **Jorge L. Cantero**
1.3 STREET ADDRESS **6884 N.W. 189 St.**
1.4 CITY-ST-ZIP **MIAMI FL 33015**

2.1 TITLE **Director of Trusty** ☒ Change ☐ Addition
2.2 NAME **GUY L. GRUSTY**
2.3 STREET ADDRESS **801 Brickell Ave. 9th floor**
2.4 CITY-ST-ZIP **MIAMI FL 33131**

3.1 TITLE **Director** ☒ Change ☐ Addition
3.2 NAME **Walter G. Earnest, Jr.**
3.3 STREET ADDRESS **1526 Ponce de Leon Blvd**
3.4 CITY-ST-ZIP **Coral Gables FL 33134**

4.1 TITLE **DS** ☒ Change ☐ Addition
4.2 NAME **Maureen Levine**
4.3 STREET ADDRESS **2050 Coral Way**
4.4 CITY-ST-ZIP **MIAMI FL 33145**

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

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, with all other like empowered.

SIGNATURE: **Maureen Levine** 7/7/99 305 854-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0004704

CR2E037 (5/99)