FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name N50883

(0)

MIAMI EQUITY ASSOCIATES, INC.								
Principal Place of Business 8603 SOUTH DIXIE HIGHWAY SUITE 304 MIAMI FL 33143 MIAMI FL 33143 Miami FL 33143			GHWAY			PIO BEBUI DIBIS BIBIS EIDI	 	
					3. Date Incorporated or Qualified 09/14/1992	3a. Date of Las 02/22/1		
2. Principal Pla 21	ipal Place of Business 2a. Mailing Address 26				OF ORECOOD		Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired		5 Additional Required	
City & State City & State 23 28					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Ζφ 24	Country Zip		Country 30	/	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \(\sum \) Yo			
					To: Hame and Address of New Re	gistered Agent	-	
			81	Name				
SPILL, JOY B.			82	Street Add	ress (P.O. Box Number is Not Acceptable	=)		
	UTH DADELAND BLVD.		83					
SUITE 504			83					
MIAMI FL 33156			84	City		FL 85 Z	ip Code	
familiar wi	th, and accept the obligations of, Section Signature, typed or printed name of registered agent a	on 617.0503, Florida Statute	es. NOTE Registered Age			DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		ORS IN 12	
THLE	D DEFFIE		1.1 TITLE			Change	ORS tN 12	
NAME	FOSTER, GORDON 8603 SOUTH DIXIE HIGHWAY		1.2 NAME				5	
STREET ADDRESS	MIAMI FL			1 ADDRESS			Į.	
CITY-ST-ZIP	D NIPONI PL	DELETE	1 4 CITY - 2 1 TIFLE	SI - ZIP		Change	Addition	
TOLE			2 2 NAME			Onlango		
NAME STREET ADDRESS	8603 SOUTH DIXIE HIGHWAY			T ADDRESS				
CITY-ST-ZIP	MIAMI FL		2 4 CITY-					
TITLE	D	DELETE	3 1 TITLE	01 11		Change	Addition	
NAME	NORTH, QUENTIN	_	3.2 NAME				-	
STREET ADDRESS	8603 SOUTH DIXIE HIGHWAY			1 ADDRESS				
CITY - ST - ZIP	MIAMI FL		3.4 CITY	ST-ZIP				
TITLE		☐ DEL E TE	4.1 TITLE			☐ Change	Addition	
NAME			4 2 NAME	[
STREET ADDRESS			4.3 STREE	T ADORESS				
C-TY-ST-Z-P			44 CITY -	ST - ZIP				
TITLE		DELETE	5 1 TITLE			Change	Addition	
NAME			5 2 NAME				}	
STREET ADDRESS			53 STREE	T ADDRESS				
CITY - ST-ZIP			54 CITY -					
ThTLE		DELETE	6 1 TITLE			☐ Change	: Addition	
NAME			6.2 NAME					
STREET ADDRESS			63 STREE	1 ADDRESS				

14. I do hereby certify that the information supplied with this filling 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: Jordon Fries President
Agnature and Typeo or PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 1996 305-669-0114