

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 # **NA5000001835**
1. Corporation Name
SOUTH FLORIDA CARIBBEAN CULTURAL COALITION

700001884857
-07/08/96--01001--004
***61.25

Principal Place of Business Mailing Address
2769 N.W 36 Ave
LAUDERDALE LAKES, FL. 33311

3. Date Incorporated or Qualified **APRIL 13, 1995** 3a. Date of Last Report

21	2. Principal Place of Business	2a. Mailing Address	26	2769 N.W 36 Ave	4. FEI Number	65-0574145	Applied For	Not Applicable
22	Suite Apt #, etc	Suite Apt #, etc	27		5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	LAUDERDALE LAKES FL.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	33311	30	BROWARD	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAZELLE ROGERS 2769 N.W 36 Ave LAUDERDALE LAKES, FL. 33311				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 Hazelle ROGERS H Rogers DATE 4-30-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	RAYMOND BONELLI
STREET ADDRESS		1.3 STREET ADDRESS	408 SOUTHAMPTON DR
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIRAMAR, FL. 33023
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Hazelle ROGERS
STREET ADDRESS		2.3 STREET ADDRESS	2769 N.W 36 Ave
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL. 33319
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	FRANTZ COLES
STREET ADDRESS		3.3 STREET ADDRESS	9501 N.W 24 PL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SUNRISE, FL. 33322
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	PAMELA NARAIN
STREET ADDRESS		4.3 STREET ADDRESS	6503 WINFIELD BLVD, #D212
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MARGATE, FL. 33065
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	GORDON RAMSAY
STREET ADDRESS		5.3 STREET ADDRESS	3991 N.W 46 Ave
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL. 33319
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	CHRISTINA GRAHAM
STREET ADDRESS		6.3 STREET ADDRESS	1213 N.W 6 AVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33311

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: H Rogers - Hazelle ROGERS DATE 4/30/96 (954) 485-6356

CR2E037 (12/95)

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