

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 13 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001835 (6)**  
 1. Corporation Name  
**SOUTH FLORIDA CARIBBEAN CULTURAL COALITION, INC.**



Principal Place of Business 7675 NW 20TH CT SUNRISE FL 33322 US	Mailing Address P O BOX 450834 SUNRISE FL 33345 US
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3. Date Incorporated or Qualified <b>04/13/1995</b>		
4. FEI Number <b>65-0574145</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 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

**JABOUIN, PATRICK**  
**7675 NW 20TH CT**  
**SUNRISE FL 33322**

10. Name and Address of New Registered Agent

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

**FL**

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

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	JABOUIN, PATRICK	
STREET ADDRESS	7675 NW 20TH CT	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIGG, MICHAEL	
STREET ADDRESS	2900 NW 53RD TERR	
CITY-ST-ZIP	MARGATE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COLES, FRANTZ	
STREET ADDRESS	9561 NW 24 PL.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	CUMBERBATCH, FRANK	
STREET ADDRESS	10170 NW 10TH ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	AT/D	<input type="checkbox"/> DELETE
NAME	ALFRED, MARCIA	
STREET ADDRESS	3981 NW 32ND TERR	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	GRAHAM, CHRISTINA	
STREET ADDRESS	1213 NW 6 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SD ROBINSON, STEVEN T.</b>
3.3 STREET ADDRESS	<b>10052 S. NOB HILL CIRCLE</b>
3.4 CITY-ST-ZIP	<b>TAMARAC, FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>5861 SOMERSET DRIVE</b>
5.4 CITY-ST-ZIP	<b>LAUDERDALE LAKES, FL</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: Steven T. Robinson Date: August 5, 1998 (954) 742-9314  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/98)