

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

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of 4

DOCUMENT # N95000001885 (1)

1. Corporation Name
KRISTI HOUSE, INC.



Principal Place of Business: **8750 PONCE DE LEON BLVD. MIAMI FL 33143**
Mailing Address: **8750 PONCE DE LEON BLVD. MIAMI FL 33143**

3. Date Incorporated or Qualified: **04/20/1995**
3a. Date of Last Report

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

4. FEI Number	Applied For
65-0576650	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WALKER, H. WILLIAM JR.
200 S. BISCAYNE BLVD.
SUITE 4900
MIAMI FL 33131**

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

11. Pursuant to the provisions of Sections 617.0602 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 617.0603, Florida Statutes.

SIGNATURE: *[Signature]* **H. WILLIAM WALKER JR, SECRETARY** 2/5/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGOSTA, MARY R	1.2 NAME
STREET ADDRESS	9401 BISCAYNE BLVD.	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33138	1.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESTMAN, EVALINE	2.2 NAME
STREET ADDRESS	1469 N.W. 38TH ST.	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33142	2.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLECKE, BERTA	3.2 NAME
STREET ADDRESS	8750 PONCE DE LEON BLVD.	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33143	3.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUE, LINDA	4.2 NAME
STREET ADDRESS	9105 N.W. 25TH ST.	4.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33176	4.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, RAQUEL	5.2 NAME
STREET ADDRESS	1350 N.W. 12TH AVE.	5.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33138	5.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDON, LEE	6.2 NAME
STREET ADDRESS	7285 N.W. 25TH ST.	6.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33122	6.4 CITY-ST-ZIP

SEE ATTACHED LIST OF DIRECTORS

**800001768888
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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 in an attachment with an address.

SIGNATURE: *[Signature]* **H. WILLIAM WALKER JR** 305-371-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 2/5/96 Phone: 305-371-2700

CR2E037 (12/95)

Mr. Imran Ali
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