

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 # N95000002294 (5)

1. Corporation Name

PHOENIX RISING FOUNDATION, INC.



Principal Place of Business

Mailing Address

1521 ALTON ROAD
SUITE 65
MIAMI BEACH FL 33139

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SUITE 65
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

05/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0664981

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, RICHARD
1051 WEST 29TH STREET
HIALEAH FL 33139

81. Name

GONZALEZ, RICHARD

82. Street Address (P.O. Box Number is Not Acceptable)

420 Lincoln Road Suite 335

83.

84. City

Miami Beach,

FL

85. Zip Code
33139

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KURITZKY, MARK
STREET ADDRESS 1030 16H ST. #3
CITY-ST-ZIP MIAMI BEACH FL 33139

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME MOSES, JIM
STREET ADDRESS 1061 EUCLID AVE. #205
CITY-ST-ZIP MIAMI BEACH FL 33139

2.1 TITLE
2.2 NAME MOSES, JIM
2.3 STREET ADDRESS 1535 Michigan Avenue #7
2.4 CITY-ST-ZIP Miami Beach, Fl 33139

TITLE VD
NAME JUBRAN, JACK
STREET ADDRESS 1061 EUCLID AVE. #205
CITY-ST-ZIP MIAMI BEACH FL 33139

3.1 TITLE
3.2 NAME JUBRAN, JACK
3.3 STREET ADDRESS 899 West Avenue PH-L
3.4 CITY-ST-ZIP Miami Beach, Fl 33139

TITLE VD
NAME KASHE, CHRISTOPHER
STREET ADDRESS 1061 EUCLID AVE. #205
CITY-ST-ZIP MIAMI BEACH FL 33139

4.1 TITLE
4.2 NAME Vice President
4.3 STREET ADDRESS MARRERO, CARLOS
4.4 CITY-ST-ZIP 161 N.E. 89th Street Miami, FL 33138

TITLE VD
NAME WOYEVODSKY, ANDREW
STREET ADDRESS 1061 EUCLID AVE. #205
CITY-ST-ZIP MIAMI BEACH FL 33139

5.1 TITLE
5.2 NAME WOYEVODSKY, ANDREW
5.3 STREET ADDRESS 1697 32nd Street #10
5.4 CITY-ST-ZIP Washington, DC 20007

TITLE STD
NAME BONDY, DARREN
STREET ADDRESS 1061 EUCLID AVE. #205
CITY-ST-ZIP MIAMI BEACH FL 33139

6.1 TITLE STD/C
6.2 NAME BONDY, DARREN
6.3 STREET ADDRESS 1061 Michigan Avenue #2
6.4 CITY-ST-ZIP Miami Beach, Fl 33139

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: *Darren W Bondy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/06/96 305-882-8731

Date Day, Month Year Phone #

CR2E037 (12/95)