

FILE NOW: FILING FEE IS \$61.25

FILED

May 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

1521 ALTON ROAD  
SUITE 65  
MIAMI BEACH FL 33139-3301

3. Date Incorporated or Qualified  
05/11/1995

3a. Date of Last Report  
06/06/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0664981

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, RICHARD  
420 LINCOLN ROAD, STE.335  
MIAMI BEACH FL 33139

81 Name Joseph PATERNOSTRO  
82 Street Address (P.O. Box Number is Not Acceptable) 11541 N.E. 7th Ave  
83  
84 City Miami FL 85 Zip Code 33161

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 *Joseph Paternostro* DATE 5/21/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KURITZKY, MARK	
STREET ADDRESS	1030 16H ST. #3	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOSES, JIM	
STREET ADDRESS	1535 MICHIGAN AVENUE #7	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JUBRAN, JACK	
STREET ADDRESS	899 W. AVENUE, PH-L	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARRERO, CARLOS	
STREET ADDRESS	161 N.E. 89TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WOYEVODSKY, ANDREW	
STREET ADDRESS	1697 32ND STREET #10	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BONDY, DARREN	
STREET ADDRESS	1061 MICHIGAN AVENUE #2	
CITY-ST-ZIP	MIAMI BEACH FL	

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Edwin Saar	
1.3 STREET ADDRESS	1492 Lincoln Terr. #2	
1.4 CITY-ST-ZIP	Miami Beach, FL 33139	
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 type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mark Kuritzky* DATE: 20515/28/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone 0027360

CR2E037 (9/96)