SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500002446)

1. Corporation Name

SOUTH MIAMI ALLIANCE FOR YOUTH, INC.

Principal Place of Business 6130 SUNSET DR. SOUTH MIAMI FL 33143

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

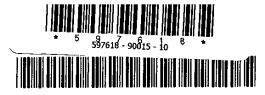
P.O. BOX 432614 S. MIAMI FL 33143

2a. Mailing Address

Suite, Apt. #, etc.

FILED Jul 28, 1999 8:00 am Secretary of State

07-28-1999 90015 010 ****61.25



Date Incorporated or Qualifed

05/22/1995 FEI Number

Suite, Apr.	m, 616.	27				65-0612	2401		Not	Applicable	
22 City & State	<u> </u>	City & State						\$8.75 AC			
23		28	¬ ´			5. Certifcate of	of Status Desired		Fee Req		
Zip	Country	Zip	Count	ry		6. Election Ca	mpaign Financing	_	\$5.00 N	May Re	
24	25	29	30				Contribution		Added to	•	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
			8	11 1	Name						
SCALIA, ROXANNE				SUSAN REDDING							
6925 SW 63 COURT				82 Street Address (P.O. Box Number is Not Acceptable) 7930 SW 58 COURT							
SOUTH MIAMI FL 33143				83 SOUTH MIAMI FL 33143							
SOUTH MIAMI FL 33143						U MITHUI	FL 33143				
					City			FL	85 Zip Co	ode	
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 617.0506, Florida Statutes.											
Suran Dadding Diversion Adding Palaceton 7-26-1999											
SIGNATURE SUS QTI REQUITING, DIFFECTOR Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reshipting) DATE											
12.	OFFICERS AND		13.			ADDITIONS.	CHANGES TO OF				
IIITE	P	DELETE	1.1 TITLE		Р				TChange	☐ Addition	
NAME	SCALIA, ROXANNE 12N			E	1 -	l Vina	l۳			Ī	
STREET ADDRESS	ss 6925 SW 63 CT.			Paul King, Jr. SIREETADORESS FO. 2016 FO. Transpare C. Minni Fl. 22142						,	
CITY-ST-ZIP	S. MIAMI FL 33143			-ST-ZI							
TITLE	VP □ DELETE 2.1 T			=	VP		_	[∄Change	Addition	
NAME	KING, PAUL JR.		2.2 NAM	E	Bro	ck Chest	er			}	
STREET ADORESS	5930 SW 58 TERR. 2381			ET AD	DORESS 615	6151 SW 69 Street S.Miami FL 33143					
CITY-ST-ZIP	S. MIAMI FL 33143 . 2.40			/- ST- Z							
TITLE	D 3.1 TI		→ ·3.1 TITLE					· - [Change	Addition	
NAME	O'MALLEY, KAREN 3.2 N			E	Ran	Randy Wiscombe					
STREET ADDRESS	6644 SW 61 STREET 33351			3 STREET ADDRESS 6841SW 77 Terrace S. Mian				Miami F	3314	3	
CITY-ST-ZIP	MIAMI FL 34.0			-ST-Z		FISW // I	errace 5.	rii ami j		3	
TITLE	D	□ > OELETE	4.1 TTTLE		T				Change	☐ Addition	
NAME	Dupree, anna	DUPREE, ANNA 4.21		1Ė	Dai	sy Harre	11			ļ	
STREET ADDRESS	6521 SW 62 CT		4.3 STRE	ET AD			lace S.Mia	mi FL	33143	1	
CITY-ST-ZIP	SOUTH MIAMI FL		4.4 CITY	-ST-ZI		OSW OZ P	iace s.iiia	.m. FL	22143		
TITLE	D	DELETE	5.1 TITLE		D	, .			Change	Addition	
NAME	DIAZ, MARK	,	5.2 NAMI	E	Sus	an Reddi	ina			ł	
STREET ADDRESS	%6030 SW 62 PL		5.3 STRE	ET AD	,		Court S. M	liami Fl	3314	.3	
CITY-ST-ZIP	SOUTH MIAMI FL		5.4 CITY	-ST-ZI		70 JM JU	ooure 5. F	rumi IL			
TITLE	T	☐ DELETE 6.17			D	D GCha			Change	Addition	
NAME	BASU, SUBRATA		6.2 NAMI	E	Sur	rata Bas	su			[
STREET ADDRESS	% 6030 S.W. 62 PLACE		6.3 STRE	ET AD	nnnece !		<i>2</i> 1	Miami F	2214	,	
CITY-ST-ZIP	SOUTH MIAMI FL 33143		6.4 CITY	-ST-ZI	_{iP} 5/5	11 SW /4	Terrace S.	miami F	L 3314	.ა	
	ertify that the information symplied with	this filing does not qualify for				tion 119 07(3)/i) Florida Statutes	further certify	that the inf	formation	

indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 113.07(3)(f), Fidrida Statutes, I fill the first limit certify that it amount indicated on this annual report or suppliemental 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, with all other like empowered.

Applied For