

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

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

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

DOCUMENT # N95000002446 ✓

1. Corporation Name

SOUTH MIAMI ALLIANCE FOR YOUTH, INC.

Principal Place of Business

6130 SUNSET DR.  
SOUTH MIAMI FL 33143

Mailing Address

P.O. BOX 432614  
S. MIAMI FL 33143



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/22/1995

4. FEI Number

65-0612401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SCALIA, ROXANNE  
6925 SW 63 COURT  
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name

SUSAN REDDING

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

7930 SW 58 COURT

83

SOUTH MIAMI FL 33143

84

City

FL

85 Zip Code

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.

SIGNATURE Susan Redding, Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

7-26-1999

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME SCALIA, ROXANNE  
STREET ADDRESS 6925 SW 63 CT.  
CITY-ST-ZIP S. MIAMI FL 33143

TITLE VP ☐ DELETE

NAME KING, PAUL JR.  
STREET ADDRESS 5930 SW 58 TERR.  
CITY-ST-ZIP S. MIAMI FL 33143

TITLE D ☒ DELETE

NAME O'MALLEY, KAREN  
STREET ADDRESS 6644 SW 61 STREET  
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE

NAME DUPREE, ANNA  
STREET ADDRESS 6521 SW 62 CT  
CITY-ST-ZIP SOUTH MIAMI FL

TITLE D ☒ DELETE

NAME DIAZ, MARK  
STREET ADDRESS %6030 SW 62 PL  
CITY-ST-ZIP SOUTH MIAMI FL

TITLE T ☐ DELETE

NAME BASU, SUBRATA  
STREET ADDRESS % 6030 S.W. 62 PLACE  
CITY-ST-ZIP SOUTH MIAMI FL 33143

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Paul King, Jr.  
1.3 STREET ADDRESS 5930 SW 58 Terrace S.Miami FL 33143  
1.4 CITY-ST-ZIP

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME Brock Chester  
2.3 STREET ADDRESS 6151 SW 69 Street S.Miami FL 33143  
2.4 CITY-ST-ZIP

3.1 TITLE S ☒ Change ☐ Addition

3.2 NAME Randy Wiscombe  
3.3 STREET ADDRESS 6841SW 77 Terrace S. Miami FL 33143  
3.4 CITY-ST-ZIP

4.1 TITLE T ☒ Change ☐ Addition

4.2 NAME Daisy Harrell  
4.3 STREET ADDRESS 6030SW 62 Place S.Miami FL 33143  
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME Susan Redding  
5.3 STREET ADDRESS 7930 SW 58 Court S. Miami FL 33143  
5.4 CITY-ST-ZIP

6.1 TITLE D ☒ Change ☐ Addition

6.2 NAME Subrata Basu  
6.3 STREET ADDRESS 5791 SW 74 Terrace S.Miami FL 33143  
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)(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, with all other like empowered.

SIGNATURE: SUSAN REDDING, Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 7-26-99 Daytime Phone # 305 661 7316