

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 28 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 # N96000002781 (0)**

1. Corporation Name

**MOTION OF SOUTH FLA INC.**



Principal Place of Business

Mailing Address

**1040 NE 85TH ST  
MIAMI FL 33138**

**1040 NE 85TH ST  
MIAMI FL 33138-3426**

3. Date Incorporated or Qualified  
**05/24/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

**65-0669579**

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

24

25

29

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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

**ELIZEE, JOSEPH I  
1040 NE 85TH ST  
MIAMI FL 33138**

81 Name

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

83

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ELIZEE, JOSEPH I</b>	
STREET ADDRESS	<b>1040 NE 85TH ST</b>	
CITY - ST - ZIP	<b>MIAMI FL 33138</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ELIZEE-LEGROS, JOSEPHINE</b>	
STREET ADDRESS	<b>7620 SW 128TH AVE</b>	
CITY - ST - ZIP	<b>MIAMI FL 33183</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ELIZEE, MARC J</b>	
STREET ADDRESS	<b>2885 ALBATROSS DR</b>	
CITY - ST - ZIP	<b>COOPER CITY FL 33026</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ST FLEUR, ALPHONSE F</b>	
STREET ADDRESS	<b>140 NW 125TH ST</b>	
CITY - ST - ZIP	<b>MIAMI FL 33168</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ADE, CHRISTINE D</b>	
STREET ADDRESS	<b>150 N.W. 128TH ST.</b>	
CITY - ST - ZIP	<b>MIAMI FL 33168</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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:

**SIGNATURE REQUIRED**

**2/17/97 (954)433-0096**

CFR2E037 (9/96)