CC	NONPROFIT DRPORATION NUAL REPORT 1996	Sandra Secre	ARTMENT OF STATE a B. Mortham stary of State F CORPORATIONS					
DOCU	JMENT # 7393	37 (4)						
	NTOWN MIAMI PARTNERS	(')	1					
	WOODING TO AND	THE INC.			(BIBIR BIBIR BIB	lik Bibli Bibli 188
Principal Pla	ice of Business	Mailing Address						
25 S.E. SE SUITE 825 MIAMI FL US		25 S.E. SECOND AVEN SUITE 825 MIAMI FL 33131	WE					
	Place of Business	US			Date Incorporated or Qualified 06/13/1977	3a.	Date of Las 01/30/	
21		2a. Mailing Address 26	•	4.	FEI Number 59-1743641			Applied For
Suite, Ap	te # 1007	Suite, Apt. #, etc. 27	1007	5.	Certificate of Status Desired	×		Not Applicable 5 Additional
Oity & Sta	ate	City & State		6.	Election Campaign Financing			Required May Be
Zip 4	Country	Zip	Country	8.	Trust Fund Contribution This corporation has liability for	intangible	Adde	ed to Fees
4	25 9. Name and Address of Curr	29 ent Registered Agent	30		Florida Statutes Name and Address of New I	Yes [□No	. 199.032,
SUITE	. SECOND AVENUE 825 FL 33131		83 84 City	l Address (P.			65 7 ₁₁	n Coda
SUITE MIAMI 11. Pursuant or registe	825 FL 33131 It to the provisions of Sections 617.050 ored agent, or both, in the State of Flowith, and accept the obligations of, Sections 617.050 ored agent, or both, and accept the obligations of, Sections 617.050 or both sections of the section of t	ction 617.0503, Florida Statutes.	84 City s, the above-named od d by the corporation's	corporation s s board of di	ubmits this statement for the purectors. I hereby accept the app	FI rpose of ch ointment a	_ (p Code registered offic I agent. I am
SUITE MIAMI 11. Pursuant or registe familiar v SIGNATURE 12.	REST Square, typed or printed narral of registered age. Signature, typed or printed narral of registered age. OFFICERS AT	ction 617,0503, Florida Statutes. of and title Layolcable (NO) ND DIRECTORS	84 City	corporation so board of di	ubmits this statement for the purectors. I hereby accept the app	rpose of chointment a	nanging its r s registered	registered offic Lagent, Lam
SUITE MIAMI 11. Pursuant or registe familiar v SIGNATURE 12. DITLE VAME STREET ADDRESS	625 FL 33131 to the provisions of Sections 617.050 ared agent, or both, in the State of Florith, and accept the obligations of, Sec Signature, typed or printed name of registered age. OFFICERS AT PD "KAPUSTIN, RAFAEL 25 S.E. 2ND AVENUE	ction 617.0503, Florida Statutes. ot and fite Pappicable (NO)	84 City s, the above-named of by the corporation's	corporation so board of di	ubmits this statement for the purectors. I hereby accept the app	rpose of chointment a	nanging its r s registered	registered offic Lagent, Lam
SUITE MIAMI 11. Pursuant or registe familiar v SIGNATURE 12.	625 FL 33131 It to the provisions of Sections 617.050 ared agent, or both, in the State of Florith, and accept the obligations of, Security, Apped or printed name of registered agent PD "KAPUSTIN, RAFAEL	ction 617,0503, Florida Statutes. of and title Layolcable (NO) ND DIRECTORS	84 City s. the above-named of by the corporation's E. Registered Agent signature 13. 1.1 TIPLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City - ST-ZIP	corporation is board of di	ubmits this statement for the purectors. I hereby accept the app	rpose of chointment a	nanging its ris registered	egistered official agent. I am PRS IN 12 Addition
SUITE MIAMI 11. Pursuant or registe familiar v SIGNATURE 12. 11. 12. 13. 14. 15. 16. 17. 17. 18. 18. 19. 19. 19. 19. 19. 19	625 FL 33131 It to the provisions of Sections 617.056 ared agent, or both, in the State of Florith, and accept the obligations of, Sections 617.056 Signature, typed or printed named of registered agenometric of the provisions of the PD **KAPUSTIN, RAFAEL 25 S.E. 2ND AVENUE MIAMI FL 33131	ction 617,0503, Florida Statutes. et and the Laggicable INOI ND DIRECTORS DELETE	84 City s, the above-named of by the corporation's 13. 1.1 TiTLE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	corporation is board of di	ubmits this statement for the purectors. I hereby accept the applications of the purectors of the pure	rpose of chointment a	nanging its resistered	registered official agent. I am
SUITE MIAMI 11. Pursuant or registe familiar v SIGNATURE 12. 11. 12. 11. 12. 13. 14. 15. 16. 17. 17. 17. 17. 17. 17. 17	625 FL 33131 to the provisions of Sections 617.056 pred agent, or both, in the State of Florith, and accept the obligations of, Sections 617.056 Synature, typed or printed name of registered agent of FICERS AT PD "KAPUSTIN, RAFAEL 25 S.E. 2ND AVENUE MIAMI FL 33131 D PARDO, GEORGINA 25 SE 2ND AVENUE, \$825 MIAMI FL D MAYER, DOUG	ction 617,0503, Florida Statutes. et and the Laggicable INOI ND DIRECTORS DELETE	84 City s, the above-named of by the corporation's 13. 1.1 TiTLE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME	sorporation so board of discoursed when rail	ubmits this statement for the purectors. I hereby accept the applicating. ADDITIONS/CHANGES TO OFF	rpose of cl contrient a DATE ICE RS AN	nanging its ris registered	egistered offici l agent. I am ORS IN 12
SUITE MIAMI 11. Pursuant or registe familiar ve signature 12. Title VAME	625 FL 33131 to the provisions of Sections 617.056 pred agent, or both, in the State of Florith, and accept the obligations of, Sections 617.056 Signature, typed or printed name; of registered agenometric process of the policy of the process of the policy of the process of the policy of the po	ction 617,0503, Florida Statutes. Thand the Tayglicable INOI ND DIRECTORS DELETE DELETE	84 City s, the above-named of by the corporation's E: Registered Agent signature 13. 1.1 Tifue 12 NAME 13 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TIFUE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TIFUE 3.1 TIFUE	sorporation so board of discoursed when rail	ubmits this statement for the purectors. I hereby accept the apprinted in the purectors of the purectors of the apprinted in the purectors of	rpose of cl contrient a DATE ICE RS AN	D DIRECTO Change	egistered official agent. I am ORS IN 12 Addition
SUITE MIAMI 11. Pursuant or registe familiar w SIGNATURE 12. IITLE VAME STREET ADDRESS DITY-ST-ZIP VITLE VAME VAME VAME VAME VAME VAME VAME VAM	to the provisions of Sections 617.056 pred agent, or both, in the State of Floridation and accept the obligations of, Sections 617.056 pred agent, or both, in the State of Floridation and accept the obligations of, Section 1.5 Section	ction 617.0503, Florida Statutes. Int and the Fagilicable INOI ND DIRECTORS DELETE	84 City s, the above-named of by the corporation's 13. 1.1 Tifle 12 NAME 13 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 Tifle 4.2 NAME	Salz Salz Mian	ubmits this statement for the purectors. I hereby accept the apprinted in the purectors of the purectors. I hereby accept the apprinted in the purectors of the	rpose of cl contrment a DATE ICE RS AN	D DIRECTO Change	egistered official agent. I am ORS IN 12 Addition
SUITE MIAMI 11. Pursuant or registe familiar ve stignature 12. The street address of t	625 FL 33131 to the provisions of Sections 617.056 pred agent, or both, in the State of Florith, and accept the obligations of, Sections 617.056 Signature, typed or printed name of registered agent of FICERS AT OFFICERS AT PD "KAPUSTIN, RAFAEL 25 S.E. 2ND AVENUE MIAMI FL 33131 D PARDO, GEORGINA 25 SE 2ND AVENUE, \$925 MIAMI FL D MAYER, DOUG 25 S.E. 2ND AVENUE MIAMI FL 33131 TD BEHAR, YOSHUA SAL 25 SE 2 AVENUE, \$925 MIAMI FL	ction 617,0503, Florida Statutes. Thand the Tayglicable INOI ND DIRECTORS DELETE DELETE	84 City s, the above-named of by the corporation's 13. 1.1 Tifle 12 NAME 13 STREET ADDRESS 1.4 CITY - ST - ZIP 21 TIFLE 22 NAME 23 STREET ADDRESS 2.4 CITY - ST - ZIP 31 TIFLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 41 Tifle	porporation s board of disperse when real D # 10 Salz 25 5	ubmits this statement for the purectors. I hereby accept the apprinted in the purectors of the purectors. I hereby accept the apprinted in the purectors of the	rpose of cl contrment a DATE ICE RS AN	D DIRECTO Change	egistered official agent. I am ORS IN 12 Addition Addition
SUITE MIAMI 11. Pursuant or registe familiar w SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 13. 14. 15. 16. 16. 17. 17. 17. 17. 17. 17	625 FL 33131 to the provisions of Sections 617.056 pred agent, or both, in the State of Floridation and accept the obligations of, Sections 617.056 pred agent, or both, in the State of Floridation agent agent agent of PD Signature, typed or printed name of registered agent of FICERS AT PD Signature, typed or printed name of registered agent of PD Signature, typed or printed name of registered agent of PD Signature, typed or printed name of registered agent of PD Signature, typed or printed name of registered agent of PD Signature, typed or printed name of registered agent of PD Signature, typed or printed name of registered agent of PD Signature, typed or printed name of registered agent of the PD Signature, typed or printed name of registered agent of r	ction 617,0503, Florida Statutes. Thand the Tayglicable INOI ND DIRECTORS DELETE DELETE	84 City s. the above-named of by the corporation's E Registered Agent signature 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4. 2 NAME 43 STREET ADDRESS	Salz Salz Mian	ubmits this statement for the purectors. I hereby accept the apprinted in the purectors of the purectors. I hereby accept the apprinted in the purectors of the	rpose of clointment a	D DIRECTO Change	egistered official agent. I am ORS IN 12 Addition Addition
SUITE MIAMI 11. Pursuant or registe familiar w SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 13. 14. 14. 15. 16. 17. 17. 17. 17. 17. 17. 17	625 FL 33131 to the provisions of Sections 617.056 pred agent, or both, in the State of Floridation and accept the obligations of, Sections 617.056 pred agent, or both, in the State of Floridation and accept the obligations of, Section 617.056 pred agent of Floridation of Popularia agent of Floridation of Popularia agent of Floridation of Floridati	CHOR 617.0503, Florida Statutes. THE and the Taygleable INOI ND DIRECTORS DELETE DELETE DELETE	B4 City s. the above-named of by the corporation's E Registered Agent signature 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4. 2 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME	Salz Salz Minn # 100	ubmits this statement for the purectors. I hereby accept the apprinted in the purectors of the purectors. I hereby accept the apprinted in the purectors of the	rpose of chointment a	D DIRECTO Change Change	egistered official agent. I am ORS IN 12 Addition Addition

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Prione #

SIGNATURE: _