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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005804 (9)**

1. Corporation Name

CULTURAL AFFAIRS COUNCIL OF SOUTH MIAMI, INC.

Principal Place of Business

Mailing Address

**5610 SUNSET DRIVE
SO. MIAMI FL 33143**

**5610 SUNSET DRIVE
SO. MIAMI FL 33143-5611**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/28/1994	3a. Date of Last Report 04/14/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0655845	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SASSO, PAUL R
28 WEST FLAGLER STREET
SUITE 505 COURTHOUSE PLAZA
MIAMI FL 33130**

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, LILLIE F	1.2 NAME	SASSO, PAUL R
STREET ADDRESS	6321 S.W. 64TH ST.	1.3 STREET ADDRESS	28 WEST FLAGLER STREET
CITY-ST-ZIP	SOUTH MIAMI FL 33143	1.4 CITY-ST-ZIP	SUITE 505 COURTHOUSE PLAZA
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, JORGE L	2.2 NAME	MIAMI FLORIDA 33130
STREET ADDRESS	5610 SUNSET DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA, JAVIER A	3.2 NAME	SIBLEY, CURTISS F
STREET ADDRESS	5610 SUNSET DR.	3.3 STREET ADDRESS	5750 SUNSET DRIVE
CITY-ST-ZIP	SOUTH MIAMI FL 33143	3.4 CITY-ST-ZIP	SOUTH MIAMI FL 33143
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORFMAN, KAREN	4.2 NAME	ESTHER SANDREW
STREET ADDRESS	5832 SUNSET DRIVE	4.3 STREET ADDRESS	5610 SUNSET DRIVE
CITY-ST-ZIP	SOUTH MIAMI FL 33143	4.4 CITY-ST-ZIP	SOUTH MIAMI FL 33143
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBLEY, CURTISS F	5.2 NAME	
STREET ADDRESS	5750 SUNSET DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, PAMELA F	6.2 NAME	
STREET ADDRESS	11724 S.W. 119 TERR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	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]* **SASSO, PAUL R** (President) 3-13-97 (305) 665-7065
Date Daytime Phone # 0030179

CR2E037 (9/96)