


FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 750660 (3)**  
 1. Corporation Name  
**COCONUT GROVE LOCAL DEVELOPMENT CORPORATION, INC.**



Principal Place of Business <b>3583 GRAND AVENUE MIAMI FL 33133</b>	Mailing Address <b>6502 GRAND AVENUE MIAMI FL 33133-4925</b>
--	---

2. Principal Place of Business <b>21 3670 Grand Avenue</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 P.O. Box 330075</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>01/18/1980</b>	3a. Date of Last Report <b>03/22/1996</b>
22 City & State <b>23 Coconut Grove, Florida</b>		27 City & State <b>28 Coconut Grove, Florida</b>		4. FEI Number <b>59-2056758</b>	Applied For Not Applicable
24 Zip <b>33133</b>	Country	29 Zip <b>33233-0075</b>	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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 <b>ALEXANDER, DAVID J. 6800 SW 75 TERRACE MIAMI FL 33156</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD HOLTON, RICHARD 3350 HIBISCUS STREET MIAMI FL	1.1 TITLE	M David J. Alexander 6800 SW 75 Terrace Miami, Florida 33156
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD FOX, RONALD 3481 HIBISCUS ST. MIAMI FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD BENO, LISA 8801 S. DIXIE HWY MIAMI FL	3.1 TITLE	TD Dorothy Hart 9301 NW 7th Avenue Miami, Florida 33127
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD PANCOAST, LESTER 2964 AVIATION AVE. MIAMI FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD DAVIS, JAMES R 3680 THOMAS AVE MIAMI FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SILVA, VERNEKA 3587 HIBISCUS STREET MIAMI FL 33133	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 \_\_\_\_\_ 4-24-97

CR2E037 (9/96)