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FILED

May 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002294 (5)

1. Corporation Name

PHOENIX RISING FOUNDATION, INC.



Principal Place of Business

Mailing Address

1521 ALTON ROAD
SUITE 65
MIAMI BEACH FL 331391521 ALTON ROAD
SUITE 65
MIAMI BEACH FL 33139-33013. Date Incorporated or Qualified
05/11/19953a. Date of Last Report
06/06/19964. FEI Number
65-0664981Applied For
Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, RICHARD
420 LINCOLN ROAD, STE.335
MIAMI BEACH FL 33139

81 Name Joseph PATERNOSTRO

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

11541 N.E. 7th Ave

84 City Miami

FL

85 Zip Code

33161

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

5/21/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KURITZKY, MARK
STREET ADDRESS 1030 16th ST. #3
CITY-ST-ZIP MIAMI BEACH FL 331391.1 TITLE TD
1.2 NAME Edwin Saar
1.3 STREET ADDRESS 1492 Lincoln Terr. #2
1.4 CITY-ST-ZIP Miami Beach, FL 33139TITLE VD
NAME MOSES, JIM
STREET ADDRESS 1535 MICHIGAN AVENUE #7
CITY-ST-ZIP MIAMI BEACH FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VD
NAME JUBRAN, JACK
STREET ADDRESS 899 W. AVENUE, PH-L
CITY-ST-ZIP MIAMI BEACH FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE VD
NAME MARRERO, CARLOS
STREET ADDRESS 161 N.E. 89TH STREET
CITY-ST-ZIP MIAMI FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE VD
NAME WOYEVODSKY, ANDREW
STREET ADDRESS 1697 32ND STREET #10
CITY-ST-ZIP WASHINGTON DC5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE VD
NAME BONDY, DARREN
STREET ADDRESS 1061 MICHIGAN AVENUE #2
CITY-ST-ZIP MIAMI BEACH FL6.1 TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 2051513818787

CR2E037 (9/96)