

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750660** (3)

1. Corporation Name

**COCONUT GROVE LOCAL DEVELOPMENT CORPORATION, INC.**



Principal Place of Business <b>3670 GRAND AVE COCONUT GROVE FL 33133 US</b>	Mailing Address <b>P O BOX 330075 COCONUT GROVE FL 33233-0075 US</b>
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3. Date Incorporated or Qualified <b>01/18/1980</b>
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4. FEI Number <b>59-2056758</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21 3672 Grand Avenue</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 P.O. Box 330075</b> Suite, Apt. #, etc.
22 City & State <b>23 Coconut Grove, Florida</b> Zip Country	27 City & State <b>28 Coconut Grove, Florida</b> Zip Country
<b>24 33233</b>	<b>29 33233-0075</b>

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>

7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent  <b>ALEXANDER, DAVID J. 6800 SW 75 TERRACE MIAMI FL 33158</b>	
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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

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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLTON, RICHARD</b>	1.2 NAME	
STREET ADDRESS	<b>3350 HIBISCUS STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOX, RONALD</b>	2.2 NAME	
STREET ADDRESS	<b>3481 HIBISCUS ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HART, DOROTHY</b>	3.2 NAME	
STREET ADDRESS	<b>9301 NW 7TH AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PANCOAST, LESTER</b>	4.2 NAME	
STREET ADDRESS	<b>2964 AVIATION AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, JAMES R</b>	5.2 NAME	
STREET ADDRESS	<b>3680 THOMAS AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVA, VERNEKA</b>	6.2 NAME	
STREET ADDRESS	<b>3587 HIBISCUS STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	6.4 CITY-ST-ZIP	

SD <b>Mr. Louis Wechsler</b> <b>3669 Royal Palm Ave.</b> <b>Coconut Grove, Fla. 33133</b>
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14. I 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: **Mr. David J. Alexander** *[Signature]* 3/5/98 (305) 446-3095

CR2E037 (1097)