SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

'*DIVISION OF CORPORATIONS

DOCUMENT # N95000002294 (5)

PHOENIX RISING FOUNDATION, INC.

Principal Place of Business Malling Address 1521 ALTON ROAD 1521 ALTON ROAD 3. Date Incorporated or Qualified SUITE 65 SUITE 65 05/11/1995 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 4. FEI Number Applied For 65-0664981 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes 23 **M**No 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PATERNOSTNO, JOSEPH 82 Street Address (P.O. Box Number is Not Acceptable) 11541 N.E. 7TH AVE. 83 MIAMI FL 33161 84 Zip Code City 85 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE DELETE NAME KURITZKY, MARK 1.2 NAME 1030 16H ST. #3 Sixth Cour 1.3 STREET ADDRESS STREET ADDRESS Plonida MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE TITLE DELETE NAME MOSES, JIM 2.2 NAME 1535 MICHIGAN AVENUE #7 2.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE TITLE DELETE Jubran, Jack 3 2 NAME NAME 899 W. AVENUE, PH·L 3.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE TITLE DELETE Change Addition 4000026539**6**4 NAME MARRERO, CARLOS 4.2 NAME -10/02/98--01008--038 161 N.E. 89TH STREET STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP miami fl 4.4 CITY-ST-ZIP TITLE 5.1 TITLE Change TD DELETE Addition 5.2 NAME

Y.S.T.ZIP MIAMI BEACH FL

1. Thereby 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?

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

SAAR, EDWIN

SD

MIAMI BEACH FL

BONDY, DARREN

1492 LINCOLN TERR, #2

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

DELETE

President

FILED

Sep 30 1998 8:00am

Secretary of State

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