


**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90251 027 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 750660**

1. Corporation Name

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

Principal Place of Business

**3672 GRAND AVENUE**  
**COCONUT GROVE FL 33233**  
**US**

Mailing Address

**P O BOX 330075**  
**COCONUT GROVE FL 33233-0075**  
**US**


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/18/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2056758	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**ALEXANDER, DAVID J.**  
**6800 SW 75 TERRACE**  
**MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name	Yvonne M. McDonald	
82 Street Address (P.O. Box Number is Not Acceptable)	3631 Franklin Ave.	
83		
84 City Miami,	FL	85 Zip Code 33133

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 reappointing)

5/3/99

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	HOLTON, RICHARD	1.2 NAME	
STREET ADDRESS	3350 HIBISCUS STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, RONALD	2.2 NAME	
STREET ADDRESS	3481 HIBISCUS ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, DOROTHY	3.2 NAME	
STREET ADDRESS	9301 NW 7TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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	WECHESLER, LOUIS	4.2 NAME	Rivers, Brenda
STREET ADDRESS	3669 ROYAL PALM AVE	4.3 STREET ADDRESS	3627 Douglas Rd
CITY-ST-ZIP	COCONUT GROVE FL 33133	4.4 CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JAMES R	5.2 NAME	
STREET ADDRESS	3880 THOMAS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, VERNEKA	6.2 NAME	White, David
STREET ADDRESS	3587 HIBISCUS STREET	6.3 STREET ADDRESS	3523 Marler Ave.
CITY-ST-ZIP	MIAMI FL 33133	6.4 CITY-ST-ZIP	Coconut Grove, FL 33133

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, with all other like empowered.

SIGNATURE: Yvonne M. McDonald

April 13, 1999

(305) 446-3095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #