FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAY -1 AM 9:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **715144** **(2)**

1. Corporation Name
SOUTH FLORIDA F. M. ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 430025 MIAMI FL 33243-0025	P.O. BOX 430025 MIAMI FL 33243-0025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1968
3a. Date of Last Report: 03/18/1994
4. FEI Number: 23-7389714 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ■ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~VERGARA, HECTOR S~~
~~7500 S.W. 112TH STREET~~
~~MIAMI FL 33156~~

10. Name and Address of New Registered Agent

81 Name: Rooth, Jan G.
82 Street Address (P.O. Box Number is Not Acceptable): 5025 SW 65 Ave
83
84 City: Miami FL 85 Zip Code: 33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Jan Rooth 4/30/95
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	PD	11 TITLE	☐ Change ☐ Addition
NAME	HARTE, SAMUEL	12 NAME	
STREET ADDRESS	7251 SW 129 ST.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	14 CITY-ST-ZIP	
TITLE	~~V~~	21 TITLE	V ■ Change ☐ Addition
NAME	~~RYTTENBERTG, HARRY J~~	22 NAME	Glwick, Joe
STREET ADDRESS	~~10840 SW 99TH ST.~~	23 STREET ADDRESS	9310 SW 164 ST
CITY-ST-ZIP	~~MIAMI FL 33176.~~	24 CITY-ST-ZIP	Miami FL 33157
TITLE	~~S~~	31 TITLE	S ■ Change ☐ Addition
NAME	~~VAHAN, RICHARD~~	32 NAME	Burzinos, Dan
STREET ADDRESS	~~10165 SW 103 AVE.~~	33 STREET ADDRESS	18815 N.W. 62 Ave
CITY-ST-ZIP	~~MIAMI FL~~	34 CITY-ST-ZIP	Hialeah, FL 33015
TITLE	~~T~~	41 TITLE	T ■ Change ☐ Addition
NAME	~~VERGARA, HECTOR S~~	42 NAME	Jan Rooth
STREET ADDRESS	~~7500 SW 112TH ST.~~	43 STREET ADDRESS	5025 SW 65 Ave
CITY-ST-ZIP	~~MIAMI FL~~	44 CITY-ST-ZIP	Miami FL 33155
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BECKER, MELVIN L.	52 NAME	
STREET ADDRESS	6540 SW 135TH DR.	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DEMBY, BEN C. JR.	62 NAME	
STREET ADDRESS	11110 BIRD ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jan Rooth Jan Rooth (Treasurer) 5/1/95 666-7281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

007203