

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719273 (5)

1. Corporation Name

MCDONALD'S SOUTHEAST FLORIDA ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:59

Principal Place of Business

Mailing Address

8390 N.W. 53 STREET, STE. 314
MIAMI FL 33166

8390 N.W. 53 STREET, STE. 314
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1970

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1712879

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)



\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes



Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEDRO MENENDEZ
8390 N.W. 53 ST., STE. 314
MIAMI FL 33166

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and the 4 application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	JIMMIE DRESNICK
STREET ADDRESS	11420 N. KENDALL DR #112
CITY - ST - ZIP	MIAMI FL
TITLE	VPD
NAME	JAMES R. UPCHURCH, JR.
STREET ADDRESS	1439 S. POMPANO PKWY#300
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	TD
NAME	PEDRO MENENDEZ
STREET ADDRESS	8390 N.W. 53 ST., #314
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	BRENDA WELLS
STREET ADDRESS	10951 N.W. 3RD ST.
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(b), 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 017, 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

PEDRO MENENDEZ, TREASURER

3/17/95 (305) 477-4104