FILE NOW	: FILING	FEE	IS	\$6	1.25
NPROFIT PORATION AL REPORT			ORID/	A DEPA Sandra	RTMENT B. Morth ary of Sta

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NON	PROFIT	FLORIDA DEPARTM		Y	
	ORATION (STATE)	Sandra B. M	lortham	1	
	L REPORT	Secretary o	of State	1	A Committee of the Comm
		DIVISION OF COR	RPORATIONS		
75	996			 	
DOOLINA	ENT # 7791	44		\	
DOCUM 1. Corporation N	ENI# / CIV	1 1			
MENDAT I	ACRES WEST CON	DO.ASSOC., INC			
KENDADD	ACKED WEEL CO.	•			
					•
the state of the state of	I Duringe	Mailing Address			
Principal Place o			TOTAL MCMT		
8401 SW	107 AVE.	COURTESY PROP	EKII MUMI	•	
MIAMI,		9380 SUNSET D		3. Date Incorporated or Qualified	3a. Date of Last Report
•		MIAMI, FL. 3	3172	3. Date most poration of detailed	1
				4. FEI Number	Applied For
2. Principal Piac	pe of Business	2a. Mailing Address		59-1531464	Not Applicable
21		26 9380 SUNSET	DR.		\$8.75 Additional
Suite, Apt. #.	elc.	Suite, Apt #, etc.	\	Certificate of Status Desired	Fee Required
22		27 SUITE B-250	·	Election Campaign Financing	\$5.00 May Be
City & State		City & State		Trust Fund Contribution	Added to Fees
23		28 MIAMI, FL.	Country	8. This corporation has liability for	intangible tax under s. 199.032,
Zip	Country	Zip	DADE	Florida Statutes	Yes No
24	25	P J J J J	מטאט וא	10. Name and Address of New Re	gistered Agent
	9. Name and Address of Curre	nt Registered Agent	81 Name		
	es stubby I DDI	TELA TO	DRRE	SKRLD, INC. dress (P.O. Box Number is Not Acceptate	ole)
SIEGFRI	ED, RIVERA,LERI IAMBRA CIRCLE	YER AND DEEL 1	82 Street Ad	201 ALHAMBRA CTRCLE	
			83	ZUI AIAIAMINA CINCIAI	
SUITE 1				SUITE 1102	85 Zip Code
CORAL	121711111111111111111111111111111111111	134	64 City	CODAT CARLEC	FL 2212/
		The state of the S	s the above-named o	CORAL CARLES orporation submits this statement for the poration's board of directors. I hereby acce	handing the registered
11. Pursuant to	the provisions of Sections 617.05	02 and 617.1508, Florida Statutes a of Florida, Such change was at	uthorized by the corpo	orporation submits this statement for the poration's board of directors. I hereby acce	pt the appointment as registered
office or re	gistered agent, or both, in the Stat in familiar with, and accept the obli	gations of, Section 617.0503, Flor	rida Statutes.		4-11-96
SIGNATURE	SKRLD, INC. 64'-	dem a fere	Registered Agent signature in	ECRETARY	
Signarione	Signature Typed or printed name of registered a	gent and tille il applicable (NOTE	13.	TO OFFI	CERS AND DIRECTORS IN 12
12.	OFFICERS A	ND DIRECTORS	1.1 TOTLE	Dous Leventh 8401 S. W. 107 ave.	
TITLE	P	hamen :	1.2 NAME	Sular Cust 107 ane	20E 6
NAME	DORIS LEVENTHAL	<u> </u>	1.3 STREET ADDRESS	84013 00 10 1) 2 ed 2
STREET ADDRESS	8401 SW 107 AV	E.#220-E	1.4 CITY-S1-ZIP	mani, flo.	331/3
CITY-ST-ZIP	MIAMI, FL. 33	1.73	21 TITLE		Change Addition
TITLE	D		2.2 NAME		
NAME .	HARRIET SALEM		2.3 STREET ADDRESS		
STREET ADDRESS	8415 SW 107 AV	E. #236-W	2.4 CITY-ST-ZIP		
CITY+ST-ZIP	MIAMI, FL. 33	173	3.1 TITLE	secretary .	Change Addition
TITLE	c ·	[] becare	3 1 IIILE 32 NAME	Que mascher	1 314W
NAME	JOYCE MASCHINO	Т	3.3 STREET ADDRESS	8415 SW 107 AM.	# 31 7 0
STREET ADORESS	8415 SW 107 AV	E. #314-W		many 71. 3317	3
CITY-ST-ZIP	MIAMI, FL. 33	173 DELETE	3.4 CITY+ST-ZIP	I Man I	Change Munition
TITLE	Ψ	[] DELETE		Leaver V Momen	& Misson
NAME	TAMES MARSHALL	ı	4. 2 NAME	BAIS SO 107 HOR	1/44 SCIO
STREET ADDRESS	8415 SW 107 AV	E. #261-W	43 STREET ADDRESS	1 12/ (12) 331	173
CITY-ST-ZIP		173	44 CITY-ST-ZIP	MIVINI FF 33	Change Addition
TILE	LIT ULT 1	DELETE	5.1 TITLE		
NAME	VP LOU PARSONS		5.2 NAME		
1		re #124-E	5.3 STREET ADDRESS	1 2000017	82712
STREET ADDRESS		173	5 4 CITY - ST - ZIP	-04/16/9601	124002 Change Addition
CITY-ST-ZIP	1	DELETE	61 TITLE	***70.00	FT phange FT vocation
TITLE	D ADODGE ALEVANI	ነፑ <mark></mark>	6.2 NAME		1 - 2
NAME	GEORGE ALEXANI		6.3 STREET ADDRESS	1	4-16-96
2239004333912	9401 SW 107 AV	/ヒ。 サムシノーだ		1	.70

6.4.CITY-ST-ZIP MTAMT, FT. 33.173

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)(k), 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 h changed, or on an attachment with an address.

SIGNATURE:

WINTED NAME OF SIGNING OFFICER OR DIRECTOR Suns. MATURE AND TYPED OR

Daytime Phone #

... FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Standra B. Mortham Secretary of State DIVISION OF CORPORATIONS

2nd Page of 2

1996

Principal Place of Business 8401 SW 107 AVE.							
,							
- 8401 SW 107 XVD	Mailing Address						
	COURTESY PRO						
MIAMI, FL. 33173	9380 SUNSET			E. B-2	250		
	MIAMI, FL.	3317	3		3. Date incorporated or Qualified	3a. Date of La	st Report
Principal Place of Business The Principal Place of Business	2a. Mailing Address 26 9380 SUNS	ET D	R.		4. FEI Number 59-1531464		Applied For
Suite, Apt #, etc. Suite, Apt. #, etc.						S8.7	5 Additional
27 SUITE B-25		50	0		5. Certificate of Status Desired	DX I	Required
City & State	City & State				6. Election Campaign Financing	\$5.	00 May Be
23	28 MIAMI, FL	•			Trust Fund Contribution		ed to Fees
Zip Country 25	Zip	Country			8. This corporation has liability for		or s. 199.032,
	29 33173 of Current Registered Agent	30	PA	DE		Yes No	
			81	Name	10. Name and Address of New Re	Aieraian wäaii(
SIEGFRIED,RIVERA, 1	LERNER & DELA TORI	RE					
201 ALHAMBRA CIRCLI	3		82	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)	
SUITE 1102			83				
CORAL GABLES, FL.	33134		84 00		N-44		
			84	City			ip Code
Pursuant to the provisions of Sections office or registered agent, or both, in agent I am familiar with, and accept CONTAINS.	s 617.0502 and 617.1508, Florida Statut the State of Florida. Such change was a the obligations of, Section 617.0503, Fix	es, the e authorize orida Sta	bove d by tutes.	-named corp the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changin of the appointment	g its registered as registered
SIGNATURE Signature: typed or printed name of re	egistered agent and title if applicable (NOT)	E Registers	d Agen	t signature require	ed when reinstaling)	DATE	
	CERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
THILE D	DELETE	1.1 T	ITLE			Chang	ge Addition S
LUIS ARTIME		1.2 N	AME				1
STREET ADDRESS 8401 SW 107	AVE.#145-E	1.3 STREET ADDRESS					إ
TITLE MIAMI, FL.	33173 I DELETE	1.4 CITY-ST-ZIP					
NAME D	L. J DELETE	21 TITLE				[] Chang	ge [] Addition (
PEARL REISMA	AN "OF 5	2 2 NAME 2 3 STREET ADORESS		nontee			
0401 SW 107	AVE. #276-W		HTY-ST				
TITLE MIAMI, FL.	33173 DELETE	3.1 (1		- LIF		Chang	e Addition
NAME	—	3.2 N					
STREET ADDRESS		33S	TREET A	DDRESS			l
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TITLE	DELETE	4.1 T)	TLE	1		Chang	e Addition
NAME		4.21	IAME				
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CITY-\$1-ZIP TITLE	Library		TY-ST-	ZIP			
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STREET ADDRESS				ppores			
CITY-ST-7IP				DDRESS			
TITLE	DELETE	6.1 TI	TY-ST- TLE	ZIF		Chang	e Addition
						Vigit	- Last Addition
NAME		6.2 No	-UME				
		6.2 N/ 6.3 S1		DDRESS			
NAME STREET ADDRESS CITY-ST-ZIP		6.3 \$1		DDRESS ZIP			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #