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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:16

DOCUMENT # 729522 (3)

1. Corporation Name

MAHI TEMPLE SOUTH FLORIDA FAIR ASS'N., INC.

Principal Place of Business	Mailing Address
1480 NW NORTH RIVER DR. P. O BOX 350868 MIAMI FL 33125-2602	1480 NW NORTH RIVER DR. P. O BOX 350868 MIAMI FL 33125-2602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1974
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-1577568 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 P.O. BOX 351087	2a. Mailing Address 26 P.O. BOX 351087
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / Country 24 33135-1087 25	Zip / Country 29 33135-1087 30

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. 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
ALEXANDER, ROBERT J. 10035 S.W. 84TH ST. MIAMI FL 33173	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 _____ DATE
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	P	11 TITLE	P ☐ Change ☐ Addition
NAME	PIATT, JACK R.	12 NAME	DERINGER, WOODLAND B.
STREET ADDRESS	6795 SW 98 ST.	13 STREET ADDRESS	145 CORYDON DRIVE
CITY-ST-ZIP	MIAMI FL 33156-3220	14 CITY-ST-ZIP	MIAMI SPRINGS, FL 33166-5016
TITLE	S	21 TITLE	S ☐ Change ☐ Addition
NAME	ALEXANDER, ROBERT J.	22 NAME	ALEXANDER, ROBERT J.
STREET ADDRESS	10035 S.W. 84TH ST.	23 STREET ADDRESS	10035 S.W. 84TH STREET
CITY-ST-ZIP	MIAMI FL 33173	24 CITY-ST-ZIP	MIAMI, FL 33173
TITLE	T	31 TITLE	T ☐ Change ☐ Addition
NAME	DAVIS, JAMES M.	32 NAME	MITCHT, GEORGE
STREET ADDRESS	13417 SW 108 ST. CIR.	33 STREET ADDRESS	8905 S.W. 75TH STREET
CITY-ST-ZIP	MIAMI FL 33186-3304	34 CITY-ST-ZIP	MIAMI, FL 33173-3438
TITLE	D	41 TITLE	D ☐ Change ☐ Addition
NAME	VOIGHT, PAUL C.	42 NAME	SLATON, RALPH D.
STREET ADDRESS	P.O. BOX 315 N/A	43 STREET ADDRESS	1271 MEADOWLARK AVENUE
CITY-ST-ZIP	KEY COLONY BEACH FL 33050	44 CITY-ST-ZIP	MIAMI SPRINGS, FL 33166-3109
TITLE	D	51 TITLE	D ☐ Change ☐ Addition
NAME	DERINGER, WOODLAND B.	52 NAME	VOIGHT, PAUL C.
STREET ADDRESS	145 CORYDON DR.	53 STREET ADDRESS	P.O. BOX315 N/A
CITY-ST-ZIP	MIAMI SPRINGS FL 33166-5016	54 CITY-ST-ZIP	KEY COLONY BEACH, FL 33050
TITLE	D	61 TITLE	D ☐ Change ☐ Addition
NAME	SLATON, RAPLH D.	62 NAME	SIEGEL, ALVIN I.
STREET ADDRESS	1271 MEADOWLARK AVE.	63 STREET ADDRESS	15335 S.W. 85 AVENUE
CITY-ST-ZIP	MIAMI SPRINGS FL 33166-3109	64 CITY-ST-ZIP	MIAMI, FL 33157-2127

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: Robert J. Alexander 2/15/95 305-325-0411
SIGNATURE AND TITLE OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT J. ALEXANDER