

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 729522 (3)
1. Corporation Name
MAHI TEMPLE SOUTH FLORIDA FAIR ASS'N., INC.



Principal Place of Business

Mailing Address

P O BOX 351087
P. O BOX 350868
MIAMI FL 33135-1087
US

P O BOX 351087
P. O BOX 350868
MIAMI FL 33135-1087
US

3. Date Incorporated or Qualified
04/26/1974

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number
59-1577568

☒ 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**

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 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 reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P DERINGER, WOODLAND B**
STREET ADDRESS **145 CORYDON DRIVE**
CITY-ST-ZIP **MIAMI SPRINGS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **P Voight, Paul C**
1.3 STREET ADDRESS **P.O. Box 510315 /NA**
1.4 CITY-ST-ZIP **Key Colony Beach, FL. 33050-0315**

TITLE ☐ DELETE
NAME **S ALEXANDER, ROBERT J.**
STREET ADDRESS **10035 S.W. 84TH ST.**
CITY-ST-ZIP **MIAMI FL 33173**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **S Alexander, Robert J**
2.3 STREET ADDRESS **231 West 2nd Ct.**
2.4 CITY-ST-ZIP **Key Largo, FL. 33037**

TITLE ☐ DELETE
NAME **T MITCH, GEORGE**
STREET ADDRESS **8905 S.W. 75TH STREET**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **T Mitch, George**
3.3 STREET ADDRESS **8905 SW 75th St.**
3.4 CITY-ST-ZIP **Miami, FL. 33173**

TITLE ☐ DELETE
NAME **D SLATON, RALPH D**
STREET ADDRESS **1271 MEADOWLARK AVENUE**
CITY-ST-ZIP **MIAMI SPRINGS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **D Slaton, Ralph D**
4.3 STREET ADDRESS **1271 Meadowlark Ave.**
4.4 CITY-ST-ZIP **Miami Springs, FL. 33166**

TITLE ☐ DELETE
NAME **D VIOGHT, PAUL C**
STREET ADDRESS **P O BOX 315 N/A**
CITY-ST-ZIP **KEY COLONY BEACH FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **D Siegel, Alvin I**
5.3 STREET ADDRESS **15335 SW 85th Ave.**
5.4 CITY-ST-ZIP **Miami, FL. 33157-2127**

TITLE ☐ DELETE
NAME **D SIEGEL, ALVIN I**
STREET ADDRESS **15335 S.W. 85 AVENUE**
CITY-ST-ZIP **MIAMI FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **D Lynn, Richard E**
6.3 STREET ADDRESS **6250 SW 117th Ter.**
6.4 CITY-ST-ZIP **Miami, FL. 33156-4822**

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 if changed, or on an attachment with an address.

SIGNATURE:

Paul C. Voight P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96

Date

323-0411

Daytime Phone #

CR2E037 (12/95)