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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

729522

(3)

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

		······································				
Principal Pla	ce of Business	Mailing Address		7 (00111 19910 11418 1811) # 11418 1141 # 1181 # 1181 # 1181 # 1	11 M (M) 1 M) M (1 M) M 1 M M)	
P O BOX 351087		P O BOX 351087				
P. O BOX 350668 MIAMI FL 33135-1087		P. O BOX 350868 MIAMI FL 33135-0868				
US		US			of Last Report 3/01/1996	
·····	Prace of Business	2a. Mailing Address	, , , , , , , , , , , , , , , , , , ,	4. FEI Number	X Applied For	
21 Cuito Ant	# 010	26 Suite Ant # ata		59-1577568	Not Applicable	
Suite, Apl	. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 28		28		Trust Fund Contribution	Added to Fees	
Zφ	Country	Ζιρ	Country	8. This corporation has liability for intangible ta:	x under s. 199.032,	
24	25		ю	Florida Statutes Yes		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AT EVANDED DODEDS I					ent	
				ALEXANDER, ROBERT J.		
ALEXANDER, ROBERT J.			82 Street A	Street Address (P.O. Box Number is Not Acceptable) 1480 NW NORTH RIVER DRIVE		
10035 S.W. 84TH ST. MIAMI FL 33173			83	1400 NW NORTH KIYBK DKIY	, р	
MIMMI	rL 331/3				····· • · · · · · · · · · · · · · · · ·	
			84 City	MIAMI FL	85 Zip 3 9 9 2 5	
11. Pursuan	t to the provisions of Sections 617.05	502 and 617.1508, Florida Statutes	, the above-named o	corporation submits this statement for the purpose of ch	nanging 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. Fam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE ROBERT J. ALEXANDER						
40	Signature, typed or printed name of registered a		Registered Agent signature r		(DECTODO IN 140	
12.	OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND D	Change 2 Addition	
NAME	VOIGHT, PAUL C.	M. Deterie	1.2 NAME	SLATON RALPH D.	i change in realism	
STREET ADDRESS	5 5 5 5 1 5 1 5 1 1 1 1 1 1 1 1 1 1 1 1		1.3 STREET ADDRESS	1271 MEADOWLARK AVENUE		
CITY-SI-ZIP	KEY COLONY BEACH FL			MIAMI SPRINGS. FL 33166-	3109	
TITLE	S	☐ DELETE	2.1 TITLE		Change	
NAME	ALEXANDER, ROBERT J.		2.2 NAME	ALEXANDER, ROBERT J.		
STREET ADDRESS	231 WEST 2ND COURT		2.3 STREET ADDRESS	1480 NW NORTHORIVER DRIV	E	
CITY-ST-ZIP	KEY LARGO FL		2. 4 CITY - ST - ZIP	MIAMI, FL 33125		
TITLE	T ATTOM OF COOK	☐ DELETE	3.1 TITLE	_	Change Addition	
NAME	MITCH, GEORGE			MITCH, GEORGE 8095 SW 75TH STREET		
STREET ADDRESS	8905 SW 75TH STREET			MIAMI, FL 33173-3438		
CITY-ST-ZIP TITLE	D	₩ DELETE		D L	Change Addition	
NAME	SLATON, RALPH D.	**		SIEGEL, ALVIN I.	and the second of	
STREET ADDRESS		JE	4.3 STREET ADDRESS	15335 ŚW 85TH AVENUE		
CITY-ST-ZIP	MIAMI SPRINGS FL		4.4 CITY-ST-ZIP	MIAMI, FL 33157-2127		
TITLE	D	X DELETE	• • • • • • • • • • • • • • • • • • • •	-	Change K Addition	
NAME	SIEGEL, ALVIN I.			LYNN, RICHARD		
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			6250 SW 117TH TERRACE		
CITY-SI-ZIP	MIAMI FL	L_1 pri ete		MIAMI, FL 33156-4822	Change I-1 4 days	
THILE	D I VAIN DICHADO E	₩ DELETE	6.1 TITLE	<i>D</i>	Change Addition	
NAME EXPECT ADDOCCE	LYNN, RICHARD E.			SHURETTE, JOSEPH 2721 SW 117TH AVENUE		
STREET ADDRESS	6250 SW 117TH TERRACE MIAMI FL			DAVIE, FL 33330-1431		
14. I do her	ehy certify that the information suppl	lied with this filing does not qualify	for the exemption st	ated in Section 119.07(3)(i) Florida Statutes, Liturther of	ertify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April O Seaton

Daytime Phone # 0026990

FILED

Mar 03 1997 8:00am

Secretary of State

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