

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 # 729845

(8)

1. Corporation Name

THE VILLAGE SOUTH INSTITUTE OF HUMAN RESOURCES,
INC.

Principal Place of Business

3180 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address

3180 BISCAYNE BLVD.
MIAMI FL 33137

3. Date Incorporated or Qualified
05/22/1975

3a. Date of Last Report
12/28/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number
23-7410605

Applied For
Not Applicable

5. Certificate of Status Desired

XX

\$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

XX No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GISSSEN, MATTHEW
3180 BISCAYNE BLVD.
MIAMI FL 33137

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

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GISSSEN, MATTHEW
STREET ADDRESS 3180 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

□ DELETE

TITLE STD
NAME MILLER, MICHAEL
STREET ADDRESS 3180 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

□ DELETE

TITLE VD
NAME SILVERMAN, IRWIN
STREET ADDRESS 3180 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

100001817511
-05/13/96--01010--000
***70.00

5-1-96 OK

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Matthew Gissen

April 30, 1996 305-573-3784

Date

Daytime Phone #

0000437

CR2E037 (12/95)