FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



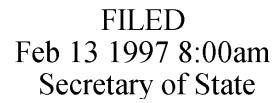
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)



Principal Place of Business Mailing Address 11900 S.W. 232ND STREET 11900 S.W. 232ND STREET MIAMI FL 33170 MIAMI FL 33170-7515												
Mirimi 12 60176	•					•	Date Incorporated or Qualified 02/07/1978		te of Last F 02/12/19			
2. Principal P	Place of Business	2a. Mailing Address					4. FEI Number 59-2015730	Applied For Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Certificate of Status Desired			Additiona			
City & Stat	e	City & State					Election Campaign Financing Trust Fund Contribution			May Be to Fees	,	
Zip	Country 25	Zip 29	30 Cou	intry				Yes [tax under s		2,	
	9. Name and Address of Curren	t Registered Agent					10. Name and Address of New Re	gistered A	igent			
			, –	В1	Name						_	
SAMUEL, BLUM, ESQ 2555 S BAYSHORE DR, STE 406				82	Street	Addres	s (P.O. Box Number is Not Acceptal	ole)				
	UT GROVE FL 33133		ļ	83								
				84	City	··	· · · · · · · · · · · · · · · · · · ·	FL	85 Zip	Code		
office or r agent. I a SIGNATURE	to the provisions of Sections 617.0507 registered agent, or both, in the State am familiar with, and accept the obligations of the state of the section of t			_			s board of directors. I hereby acce	pt the appo	as Ineminik	registere	ed	
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	1S IN 12		
TITLE	PD	☐ DELETE	1.1 Ti	TLE					Change	Add	dition	
NAME	LEVIN, ROYE		1.2 N	-								
STREET ADDRESS	720 PALM BAY LANE APT 9S		- 1		ADDRESS	l						
CITY - ST - ZIP	MIAMI FL	DELETE	1.4 CITY		T-ZIP	ļ			☐ Change	T. Add	dillos	
TITLE	VD			2.1 TITLE 2.2 NAME					LI Change		anion	
NAME PTREET ADDRESS	MACKLER, SHEILA 7045 SW 107 TERRACE				ADDRESS	1						
STREET ADDRESS	MIAMI FL		1		AUUMESS ST-ZIP		· ·					
CITY-ST-ZIP TITLE	TO	DELETE	3.1 11		51-ZIP	-			Change	L. Ado	dition	
NAME	HERMANN, ROBYN J.		3.2 N									
STREET ADDRESS	1228 CATALONIA VE.				ADDRESS							
CITY-ST-ZIP	CORAL GABLES FL				ST-ZIP	Ī						
TITLE	SD	DELETE	4.1 TI				·		Change	Add	dition	
NAME	KELLEY, SUSAN		4.2 N	IAME		1						
STREET ADDRESS	2820 LUCERNE AVENUE		4.3 S	TREET	ADDRESS]						
CITY-ST-ZIP	MIAMI BEACH FL		4.4 C	ITY-S	T-ZIP							
TITLE		☐ DELETE	5.1 Ti	TLE					Change	Add	dition	
NAME			5.2 N	AME '								
STREET ADDRESS	}		5.3 S	TREET	ADDRESS	Į						
CITY-ST-ZIP			5.4 C		T-ZIP	 	· · · · · · · · · · · · · · · · · · ·		T-1 :	— 		
TITLE		DELETE	6.1 TI						Change	Add	dition	
NAME			6.2 N			1						
STREET ADDRESS					address							
CITY - ST - ZIP		····	640	TY-S	T-ZIP	<u></u>						

I do hereby certify that the information supplied with this filing 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 employment to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.

SIGNATURE: