## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

1. Corporation	MENT# 745200 NLAY SOCIETY, INC.	) (6)			h (ARI) ( ARI) ( ARIX (	Die Gebeu Deuts Gebeu Gebeu	1811-81811 1881
Principal Place of Business		Mailing Address		† 1891 INDU ALIEN HERI ALIEN HOLLI A	TIL ALARY SIANT AIATO AIAGL A	1811 <b>5</b> 1811 1861	
344 W. 65TH STREET #204 P.O. BOX 163114 MIAMI FL 33116		344 W. 65TH STREET #204 P.O. BOX 163114 MIAMI FL 33116-3114					
					3. Date Incorporated or Qualified 12/12/1978	3a. Date of Last F 07/15/19	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2458207	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional	
City & State		City & State				equired	
23	•	28		Election Campaign Financing     Trust Fund Contribution		May Be to Fees	
Zip	· · · · · · · · · · · · · · · · · · ·				8. This corporation has liability for i		
24	25	29 3	0		Florida Statutes	] Yes ☐ No	
	9. Name and Address of Curren	t Registered Agent	-	<u> </u>	10. Name and Address of New Re	gistered Agent	
			81	Name			
	IS, VIVIAN J DRUGA AVENUE		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
SUITE 510			83				
MIAMI FL 33146			84	City			Code
11. Pursuant l office or re agent. I a	to the provisions of Sections 617.050; agistered agent, or both, in the State in familiar with, and accept the obliga	2 and 617.1508, Florida Statutes of Florida Such change was aul ations of, Section 617.0503, Flori	, the above thorized by da Statutes	e-named corporate the corporate.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing at the appointment as	its registered s registered
SIGNATURE	Signature, typed or printed name of registered agei	of and title if anningable (NOTE: I	Registered Age	ni skanat ra requi	red when reinstating)	DATE	
12.	OFFICERS AND		13.	in algrature rador	ADDITIONS/CHANGES TO OFFIC		RS IN 12
THILE	DST	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	MOAS, RAUL (M.D.)		1.2 NAME				
STREET ADDRESS	3659 S. MIAMI AVE. #5004		1.3 STREET	ADDRESS			
CHTY-ST-ZIP	MIAMI FL	DELETE	1.4 CITY-S	T-ZIP		Change	Addition
TITLE	PD CORDON ANTONIO M. MD	☐ pereit	2.1 TITLE			☐ Change	
NAME STREET ADDRESS	GORDON, ANTONIO M., MD 344 W. 65TH STREET #204		2.2 NAME 2.3 STREET	ADDRESS			
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-S	Į.			
TITLE	D	DELETE	3.1 TITLE	21-211		☐ Change	Addition
NAME	CARDENAS, GLADYS		3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021		3.4. CITY - S	ST-ZIP			
TITLE		DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY - ST - ZIP		DELETE	4.4 CITY - S	T-ZIP		Change	☐ Addition
TITLE NAME		☐ nereit	5.1 TITLE 5.2 NAME			Em Challes	
STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS		•	
CITY-ST-ZIP			5.4 City-S	ľ			
TITLE		DELETE	61 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S				
informatio	indicated on this annual report or s	upplemental annual report is true the receiver or trustee empower	e and accured to exec	rate and that	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 617, Florida S	il effect as if made ui	nder oath: that

**SIGNATURE:** 

**FILED** 

Jan 27 1997 8:00am

Secretary of State