FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **748787** **(9)**

1. Corporation Name
SOUTHWEST YOUTH ACTIVITIES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4542 SW 127TH CT MIAMI,F L 33265 US	P O BOX 65-2256 MIAMI,F L 33265 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/04/1979**
3a. Date of Last Report: **03/30/1994**
4. FEI Number: **59-1948977** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: Suite, Apt. #, etc. 22: City & State 23: Zip 24: Country 25:

2a. Mailing Address 26: Suite, Apt. #, etc. 27: City & State 28: Zip 29: Country 30:

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BREWER, BERNIE
4542 SW 127TH CT
MIAMI FL 33175

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	HILL, BOB	12 NAME		
STREET ADDRESS	12761 SW 20 ST	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
NAME	CANO, MANUEL	22 NAME	FERNANDEZ, ALEX	
STREET ADDRESS	14070 SW 39TH ST	23 STREET ADDRESS	8431 SW 29th Street	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, FL	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	FLETCHER, KAREN	32 NAME	FONSECA, PHYLLIS	
STREET ADDRESS	4622 SW 127 CT	33 STREET ADDRESS	15622 S.W. 51 Terr., Miami, FL	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE	S	☒ Change ☐ Addition
NAME	BALLESTAS, JULIE	42 NAME	RIPOLL, ALINA	
STREET ADDRESS	11225 SW 50TH TERR	43 STREET ADDRESS	9660 Fontainebleau Blvd., No. 11	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	Miami, FL 33172	
TITLE	VD	51 TITLE	VD	☒ Change ☐ Addition
NAME	FERNANDEZ, ALEX	52 NAME	BALLESTAS, JULIE	
STREET ADDRESS	8431 SW 29TH ST	53 STREET ADDRESS	11225 SW 50th Terr.	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	Miami, FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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 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: Phyllis Fonseca PHYLLIS FONSECA 4/14/95 305-789-7420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007501B