FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Şandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

(9)

SOUTHWEST YOUTH ACTIVITIES ASSOCIATION, INC.

Principal Place of Business	Mailing Address	
4542 SW 127TH CT Miamilf L 33265	P O BOX 65-2256 MIAMLF L 33265-2256	
US	U\$	

FILED Jan 29 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					{						
		P O BOX 65-2				,					
4542 SW 127TH CT MIAMILF L 33265		MIAMI.F L 3320				ĺ					
us		US					3. Date Incol	porated or Qualified 1/1979	3a. Date	of Last F 1/31/19	Report 96
2. Principal Place of	Business	2a. Mailing A	ddress				4. FEI Numb	er O C C C C C C C C C C C C C C C C C C C		A	pplied For
21		26 PO	Box 65	51936			59-19	948977		N	ol Applicable
Suite, Apt. #, etc.	,	Suite, Apt	l. #, etc.				5. Certificate	of Status Desired	хx		Additional equired
City & State		City & Sta	ite					ampaign Financing		\$5.00	May Be
23		28						I Contribution			to Fees
Zip 22175	Country	Zip		Count	iry		•	oration has liability for			s. 199.032,
24 33175	25 Name and Address of Current	[29] Registered Age		30			Florida Sta	Address of New Re	Yes L		
	INGINE BILL ACCIDES OF CONTON	Hegistered Age		8	11 Nar	me	10. Haille alls	AUG 685 OF 11011 110	giatored Ag		
BREWER, BER	NIF			L							
4542 SW 1277				8	2 Stre	eet Addres	s (P.O. Box Nu	mber is Not Acceptal	ble)		
4542 5W 1271 MIAMI FL 3317				E	3						J-11
1112 441 1 2 30 1	· -			<u> </u>	<u> </u>					a=1 "=	Code
				6	4 City	/			FL	85 Zip	Code
11. Pursuant to the	provisions of Sections 617.0502	and 617.1508, F	lorida Statute	es, the abo	ve-nam	ned corpor	ation submits t	his statement for the	ourpose of c	hanging i	ts registered
office or register agent. I am fam	red agent, or both, in the State of Iliar with, and accept the obligati	f Florida. Such cl ons of, Section 6	hange was a 317.0503, Flo	iuthorized irida Statut	by the d es.	corporation	n's board of dir	ectors. I hereby acce	pt the appoir	ntment as	registered
SIGNATURE											
Signatur	a, typed or printed name of registered agent		(NO1E		kgent signa	ature required	when reinstating)		DATE		
12.	OFFICERS AND		DELETE	13.			ADDITIONS	CHANGES TO OFFI	-		
TITLE D	L. BOB) DEFEIG	1.1 TITU		ł			L	_ Change	☐ Addition
403	/61 SW 20 ST			1.2 NAM							
6.014	MI FL			1	ET ADDRE	SS					
CITY-ST-ZIP MIN			DELETE	2.1 TITL	- ST- ZIP_					Channe	Addition
	RNANDEZ, ALEX		JULLIC	2.1 MIL		L			×	Change	∧odition
	31 S.W. 29TH STREET				ET ADDRE						
	UMI FL			1	.c.i ADDRL Y-ST-ZIP	.35		•			
TITLE TD			DELETE	3.1 TITL		<u> </u>		:		Change	Addition
	EWER, BERNIE		-	3.2 NAM					_	_ •	
	12 S W 127 CT				ET ADDRE	ss		1			
	MI FL			1	(-ST-ZIP	Ì	•				
TITLE S	<u></u>	х	DELETE	4.1 TITL		S	/D	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME RIP	OLL, ALINA			4. 2 NAN	Æ		lliam N	levers			
	30 FONTAINEBLEAU BLVD.	NO.11		4.3 STRE	ET ADDRE			. 123 Ct			
CITY-ST-ZIP MIA	MI FL			4.4 CITY	- \$1- ZIP		ami, Fl				
TITLE VD			DELETE	5.1 TITU	E	D/	•		Ţ	Change	Addition
	ONSO, LARRY			5.2 NAM	Ė	()	-		^	•	
	129 S W 26 TERR			5.3 STRI	ET ADDRE	ss					
CITY-ST-ZIP MLA	MI FL			5.4 CITY	- ST - ZIP				,,		
TITLE			DELETE	6.1 TITL	Ē	D /			T	Change	★ Addition
NAME				6.2 NAM	E			Almaguer			
STREET ADDRESS				6.3 STRE	ET ADDRE			137 Ave			
CITY-ST-ZIP	 				-ST-ZIP	Mia	ami, Fl	33175			
14. I do hereby cert	lify that the information supplied	with this filing do	es not qualif	y for the e	xemptiq	on stated ir	n Section 119.0	i7(3)(i), Florida Statute	es. I further c	ertify that	the

formation 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 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 in panged or on an attachment with an address.

1-18-97 (200) 226-8458