

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 # 749261 (4)

1. Corporation Name

MAYOR'S ECONOMIC TASK FORCE, INC.



Principal Place of Business

P.O. BOX 611681
N. MIAMI FL 33261-1681

Mailing Address

P.O. BOX 611681
N. MIAMI FL 33261-1681

3. Date Incorporated or Qualified
10/09/1979

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEU, HOWARD M., ESQ.
710 NE 126 STREET
NORTH MIAMI FL 33161**

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 617.0503 and 617.1108, 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]

(NOTE: Registered Agent signature required when the state is changed)

DATE

2/7/96

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	COBO, BLANCA	
STREET ADDRESS	13490 N.W. 7TH AVE.	
CITY-STATE-ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABELL, GWEN	
STREET ADDRESS	13400 BISCAYNE BLVD.	
CITY-STATE-ZIP	N. MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHAFMEISTER, VINCENT J	
STREET ADDRESS	1100 N.W. 95TH ST.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TATE, JAMES	
STREET ADDRESS	1175 N.E. 125TH ST., SUITE 102	
CITY-STATE-ZIP	N. MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PAVLACK, MYRNA	
STREET ADDRESS	1100 N.W. 95TH ST., SUITE 477	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGREGOR, DONALD	
STREET ADDRESS	1701 N.E. 127TH ST.	
CITY-STATE-ZIP	N MIAMI FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96

Date

305 947-6101

Daytime Phone #

CR2E037 (12/95)