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Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

P.O. BOX 611681
N. MIAMI FL 33261-1681P.O. BOX 611681
N. MIAMI FL 33261-16813. Date Incorporated or Qualified
10/09/19793a. Date of Last Report
02/14/1996

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

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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name MYRNA PAVILACK
82 Street Address (P.O. Box Number is Not Acceptable)
83 470 NE 142 St.
84 City N. MIAMI FL 85 Zip Code 33161

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if appl cable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Gwen Abell* 1/8/97 305-947-6101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034088

CR2E037 (9/96)