

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 # **768414** (5)
1. Corporation Name
ALLAPATTAH BUSINESS DEVELOPMENT AUTHORITY, INC.



Principal Place of Business
**2513 NW 20 ST.
SUITE 2-A
MIAMI FL 33142-7103**

Mailing Address
**2513 NW 20 ST.
SUITE 2-A
MIAMI FL 33142-7103**

3. Date Incorporated or Qualified **05/11/1983** 3a. Date of Last Report **05/22/1995**

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

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

4. FEI Number **59-2289231** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FERMIN, ADA
1830 NW 18 ST
MIAMI FL 33142**

10. Name and Address of New Registered Agent
81 Name **Nestor F. William**
82 Street Address (P.O. Box Number is Not Acceptable)
3275 N.W. 97th St.
83 **Miami, Fl 33147**
84 City **FL** 85 Zip Code

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 *Nestor F. Williams* **Nestor F. Williams - Secretary.** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	1.2 NAME
STREET ADDRESS	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	2.2 NAME
STREET ADDRESS	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> DELETE	3.2 NAME Nestor F. Williams
STREET ADDRESS	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS 3275 N.W. 97th St.
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP Miami, Fl 33147
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	4.2 NAME
STREET ADDRESS	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	5.2 NAME
STREET ADDRESS	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	6.2 NAME
STREET ADDRESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.4 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)(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 of an attachment with an address.

SIGNATURE *Peter R. Bernal* **Peter R. Bernal - Chairman** DATE **4-19-96** Daytime Phone # **205-2801**

CR2E037 (12/95)

6/24/96 \$70 Dep By Bank