

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # M75451 (8)		
1. Corporation Name SOUTH FLORIDA CONSUMERS ALLIANCE, INC.		

Principal Place of Business 17994 S.W. 97 AVENUE MIAMI FL 33157	Mailing Address 17994 S.W. 97 AVENUE MIAMI FL 33157
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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
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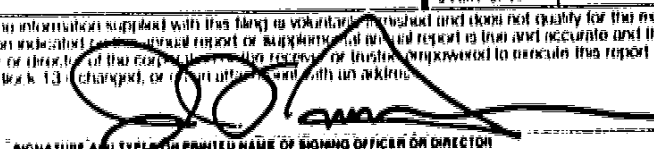
9. Name and Address of Current Registered Agent HOFFMAN, ROBERT M PENTHOUSE 802 5975 SUNSET DRIVE SOUTH MIAMI FL 33143	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement 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 of registered agent or other person authorized to sign on behalf of the corporation)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLELLAN, ANTHONY 9261 S.W. 183 TERRACE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ALENIER, CHARLES DR 6260 S.W. 118 TERRACE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SUMMERS, JEROME DR 17994 S.W. 97 AVENUE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntary, material and does not qualify for the exemption stated in Section 110.07(3)(x), Florida Statutes. I further certify that the information indicated is a true and accurate report or summary of the information and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, or a person authorized to receive or transmit information on behalf of the corporation, or a person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed), or in an official report with an address.

SIGNATURE: 
DR. JEROME SUMMERS PRES.

APPROVED
AND
FILED
95 MAR -6 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/06/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0065901	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	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

1/25/95 205-9485
Type (Signature of Secretary of State)