FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

3. Date Incorporated or Qualified: **04/06/1988**
3a. Date of Last Report: **03/06/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

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

9. **Name and Address of Current Registered Agent**

HOFFMAN, ROBERT M
PENTHOUSE 802
5975 SUNSET DRIVE
SOUTH MIAMI FL 33143

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

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Officer/President	X Change ☐ Addition
1.2 NAME	Summers,Jerome Dr.	
1.3 STREET ADDRESS	17994 S.W. 97th Ave.	
1.4 CITY-ST-ZIP	Miami,FL 33157	
2.1 TITLE	Officer/Vice-Pres.	☐ Change X Addition
2.2 NAME	Wood, Christopher	
2.3 STREET ADDRESS	17994 SW 97th Ave.	
2.4 CITY-ST-ZIP	Miami,FL 33157	
3.1 TITLE	Officer/Sec.-Treasurer	X Change ☐ Addition
3.2 NAME	Alenier,Charles Dr.	
3.3 STREET ADDRESS	6260 SW 118th Terrace	
3.4 CITY-ST-ZIP	Miami,FL	
4.1 TITLE	Director	X Change ☐ Addition
4.2 NAME	McLellan,Anthony	
4.3 STREET ADDRESS	17994 S.W. 97th Ave.	
4.4 CITY-ST-ZIP	Miami,FL 33157	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEROME SUMMERS

Date Daytime Phone #

CR2E034 (12/95)