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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00284** (2)
1. Corporation Name
**PRIVATE INDUSTRY COUNCIL (PIC) OF SOUTH FLORIDA,
INCORPORATED**

Principal Place of Business 3403 N W 82ND AVENUE, SUITE 300 MIAMI FL 33122-1029 US	Mailing Address 3403 N W 82ND AVENUE, SUITE 300 MIAMI FL 33122-1029 US
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3. Date Incorporated or Qualified 12/09/1983	3a. Date of Last Report 08/10/1995
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**ALFANO, JOSEPH
3403 NW 82ND AVENUE, #300
MIAMI FL 33122**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVORY, WILLIE	1.2 NAME	
STREET ADDRESS	3403 NW 82ND AVENUE #300	1.3 STREET ADDRESS	500001708505
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	-02/06/96--01113--024
TITLE	DVC	2.1 TITLE	*****70.00 *****70.00
NAME	MARGOLIS, EDWARD	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3403 NW 82ND AVENUE #300	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DVC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABIF, JOSEFINA E.	3.2 NAME	
STREET ADDRESS	3403 NW 82ND AVENUE #300	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, AGUSTIN	4.2 NAME	STD
STREET ADDRESS	3403 NW 82ND AVENUE #300	4.3 STREET ADDRESS	MASSO, JOYCE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	3403 NW 82 Avenue, #300
TITLE		5.1 TITLE	
NAME		5.2 NAME	Miami, FL 33122
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: *X Willie Ivory*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

Date

Daytime Phone #

CR2E037 (12/95)