FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **POCUMENT #**Corporation Name

(0)

FILED Feb 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address										
- Trinoipar Tiac	70 01 D0311033	Maning Aboress								
11578 S.W. 132 MIAMI FL 3318		11578 S.W. 132ND AVENUE MIAMI FL 33186				3.	Date Incorporated or Qualified 04/10/1984			
						4.	FEI Number			Applied For
						İ	59-2490355			Not Applicable
2. Principal F	Place of Business	2a. Mailing Address			6.	Certificate of Status Desired)		5 Additional Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6.	Election Campaign Financing			D May Be	
22		27] *	Trust Fund Contribution)	Adde	d to Fees	
City & Stat	0	City & State				7.	Is this nonprofit corporation a homeo	owners a		
23		28								
[Zip	Country	Zip	`		ountry		This corporation owes or has paid th	e currer	nt year	Intangible
24	25 29		30				Personal Property Tax due June 30.			□ No
<u> </u>	9. Name and Address of Current	Registered Agent				10.	Name and Address of New Regist	ered Ag	ent	
				81	Name					
	EID, KIPNIS, RIVERA IAMBRA CIRCLE, SUITE 1102			82	Street Ac	dress (P.O. Box Number is Not Acceptable)				
	GABLES FL 33146			83						
				84	City			FL	85 Zi	ip Code
11. Pursuant office or agent. I s	to the provisions of Sections 617.0502 registered agent, or both, in the State of militar with, and accept the obligation of the color							ose of che appoin	anging itment	g its registered as registered
12.	Signature, typed or printed name of registured agen			d Age	nt signature re			ATE		
TOLE	OFFICERS AND	DELETE	13.	171 F			ADDITIONS/CHANGES TO OFFICERS			
NAME	GLICK, BURTON	C DECENT	1.1 TITLE 1.2 NAME						_i Chang	e 🔲 Addition
STREET ADDRESS	13270 SW 113 TERRACE									
CITY-ST-ZIP	MIAMI FL	4 b 41 F 4		1.3 STREET ADDRESS 1.4 City-St-Zip						
TITLE	TD TD	DELETE	2.1 1		1-219	-			Chano	e Addition
NAME	MCGINLEY, BARBARA	_ victive							JUNENTY	
STREET ADORESS	13254 SW 112TH TERRACE		2.2 NAME		ADDDECC					
CITY-ST-ZIP	MIAMI FL	and and		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP						
TITLE	VD	DELETE	3.1 TI		I-ZIP			<u>-</u> -	Chano	e
NAME	DRIES, BETTY		3.2 N					_	, wanty	
STREET ADDRESS	13273 SW 112 TERRACE		3.3 STREET		ADDRESS					
CITY-ST-ZIP	MIAMI FL		3.4. CITY-							•
TITLE	D	DELETE	_	4.1 TITLE					Change	e Addition
NAME	KALISH, JAY		4.2 N	4. 2 NAME						
STREET ADDRESS	13278 S.W. 112TH TERRACE		4.3 STREET		ADDRESS					
CITY-ST-ZIP	MIAMI FL		4.4 CiTY-1							
TITLE	SD	☐ DELETE	5.1 TITLE		-"-			Τ.	Change	e Addition
NAME	ARRICK, STEPHEN A		5.2 NAME							
STREET ADDRESS	AAAR AM AAA SEEDAAA			5.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL		5.4 CITY-S							
TITLE				5.1 TITLE			" 		Change	e Addition
NAME			6.2 N/							
STREET ADDRESS					ADDRESS		•			
CITY-ST-7IP				TV ČT						

14. I 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 min altechment with an addition.

305-387-0436