FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra, B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

	e of Business	Mailing Address	IC.				
4301 SW 107TH AVENUE 4301 SW 107TH AVENUE MIAMI FL 33165 MIAMI FL 33165						3. Date Incorporated or Qualified	· ·
					 -	12/17/1985 4- FEI Number Applie	d Co-
							oplicable
2. Principal F	Place of Business	2a. Mailing Address				- 00.75	
21	26				5. Certificate of Status Desired See Reguli		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		1	6. Election Campaign Financing \$5.00 May	
22 27						Trust Fund Contribution	es
23	.5	28]	7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Countr	 У		8. This corporation owes or has paid the current year Intang	ible
24	25	29	30			Personal Property Tax due June 30. Yes N	
	9. Name and Address of Currer	nt Registered Agent				Name and Address of New Registered Agent	
1			81	Name			
GOCHENOUR, DR. MARVIN				Street	Address	(P.O. Box Number is Not Acceptable)	
4301 S.W. 107TH AVENUE			83				
MIAMI F	L 33165		63	1			
			84	City		85 Zip Cod	e
11. Pursuant	to the provisions of Sections 617.050	22 and 617.1508, Florida Statute	s, the abov	e-named	corpora	= 300	gistered
office or r	registered agent, or both, in the State om familiar with, and accept the oblic	e of Florida. Such change was a lations of, Section 617.0503, Flo	uthorized b rida Statute	y the cor; s.	poration's	tion submits this statement for the purpose of changing its res s board of directors. I hereby accept the appointment as regi	istered
SIGNATURE							ĺ
	Signature, typed or printed name of registered age		: Registered Ag	ent signature	e required wit		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	1 12 Addition
TITLE NAME	PD L DELETE GOCHENOUR, DR. MARVIN			1.1 TITLE 1.2 NAME		Change	T MODITION
STREET ADDRESS	4301 S.W. 107TH AVE			r address	1 -	ON, WILLIAM	
CITY-ST-ZIF						S.W. 107 AveMiami,FL.	
TITLE			2.1 TITLE	2.1 TITLE		☐ Change 😾	Addition
NAME	ROBINSON, JOSEPH		2.2 NAME				·
STREET ADDRESS	4301 SW 107 AVENUE		2,3 STREET			CIA, RIGO	ļ
CITY-ST-ZIP	Miami FL		2. 4 CITY-	2. 4 CITY-ST-ZIP		1 S.W. 107 Ave Miami, FL	
TITLE			3.1 TITLE	,		L Change L	Addition
NAME			3.2 NAME		ĺ		ļ
Street adopess	4301 S.W. 107TH AVE		3.3 STREET				1
CITY-ST-ZIP	MIAMI FL SD	DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP		Change	Addition
TITLE NAME	MORTENSEN, MARC	[_] DELETE	4.1 IIILE 4.2 NAME		ļ		1 Váquan
STREET ADDRESS	4301 S.W. 107TH AVE		4.2 NAME	AUDBESS	1		
CITY-ST-ZIP	MIAMI FL		4.4 CITY - S		1		
TITLE	Proceedings & Sec.	☐ DELETE	5.1 TITLE	/ı - 411	 	Change _	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			Í
CITY-ST-ZIP			5.4 CITY-5	T-ZIP			
TITLE		DELETE	6.1 TITLE		1	Change	Addition
NAME			6.2 NAME		ļ		ļ
STREET ADDRESS			6.3 STREET	ADDRESS	į.		ĺ

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 on an attachment with an endress.

1/8/98

305-274-3380

FILED

Feb 06 1998 8:00am

Secretary of State