## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N12808 DOCUMENT #

(4)

DORAL RYDER OPEN FOUNDATION, INC.

Principa: Place o	of Business		Maile	ing Address	<b>.</b>									
4400 NW 87 AV	Æ		PO	BOX 52292	7									
MIAMI FL 33178			MIA	MI FL 33152	2									
US			US	US									of Last Report //28/1995	
2. Principal Plac	as of Business		2a 1	Mailing Addr	ress				4. FEI Number			A	pplied For	
_	CA OI DOZII 4622		26						59-2666050	<u> </u>		N	ot Applicable	
Suite, Apt. #	, etc.			Suite, Apt. #	⊭, etc.				5. Certificate of Statu	s Desired			Additional equired	
City & State				City & State	- · · <del> · ·</del>				6. Election Campaign	Financing		\$5.00	May Be	
Oity & State			28	Un, 4: -:-:-					Trust Fund Contrib	ution		Added	to Fees	
Z(p)		Country		Zip		Cour	ntry		8. This corporation h	as liability for i	ntangible ta	ax under s.	199.032,	
4] -	25	,	29	•	·	30			Florida Statutes		Yes 🔀			
•1		Address of Currer		ered Agent	<u> </u>	L 1			10. Name and Addre	ss of New R	egistered	Agent		
	3. 1.						81	Name						
COPPER	H. RONALD						82	Struct Add	ress (P.O. Box Number is	Not Acceptab	le)			
CORDES,	, II. NONVILU VNED ADEN E	OUNDATION INC	•				62	Sarce: Actor	1633 (* 10. 65). 713-713-713					
		OUNDATION INC	,				83							
4400 N 14	4400 N.W. 87TH AVE.											os Zr	Code	
												85   Zip	OOGE	
MIAMI FL							84	City			FL	<b>-</b>		
MIAMI FL		of Postions 617 050	12 and 617	7 1508 Flori	ida Statutes	s, the abo			ration submits this statem	ent for the pur	rance of ch	anging its re	gistered offic	
MIAMI FL	o the provisions					s, the abo			ration submits this statem ird of directors. I hereby a	ent for the pur	rance of ch	anging its re	egistered offic agent. I am	
MIAMI FL	o the provisions	of Sections 617.050 n, in the State of Flor ne obligations of, Sec				s, the abo d by the c			ration submits this statem ird of directors. I hereby a	ent for the pur coept the app	rance of ch	anging its re	egistered offic agent. I am	
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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 furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes in Section 119 07(3

5 1 TITLE

52 NAME

6 1 TITLE

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5.3 STREET ADDRESS

63 STREET ADDRESS

54 CHY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

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STREET ADDRESS

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CITY-ST-ZIP

LEIGH LIVES

DELETE

DELETE

\*\*\*61.25

☐ Change

Change

Addition

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CR2E037 (12/95)