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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT #	N17868
1. Comparation Manage	1411000

(3)

SOUTHEAST FOUNDATION, INC. Principal Place of Business 7400 N. KENDALL DR. STE. 410 MIAMI FL 33156 MIAMI FL 33156								
US		U\$	US			3. Date Incorporated or Qualified 11/20/1986	3a. Date of 04/1	Last Report 2/1995
2. Principal f	Place of Business	\vdash	Mailing Address			4. FEI Number		Applied For
Suite, Apt	t. #. etc	26	Suite, Apt. #, etc.			59-2738680		Not Applicable
2	,	27	and, Apr. 4, etc.			5. Certificate of Status Desired	1 1	3.75 Additional Fee Required
City & Sta	ate		City & State			6. Election Campaign Financing		5.00 May Be
3		28				Trust Fund Contribution		Added to Fees
Zip	Country		ip.	Country		8. This corporation has liability for i		
4	9. Name and Address of Co	29	and & man'	30			☐ Yes ☐ No	
	s, manie enu Audress of Ci	urrent rtegister	reu Agent	81	Name	10. Name and Address of New R	egistered Agen	<u> </u>
SEGAL,	IDA							
	, ika I. Kendall dr.			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
STE. 41				83				·
	F L 33156							
1110 0111,1	2	1		84	City		FL 85	Zip Code
10.11		.0802 and 617 Florida. Suct a Section 617,05	508, Florida Statuti hange was authoriz 03, Florida Statutes	es, the above-n ed by the corpo	named corpor oration's boar	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing pintment as regist	its registered offic ered agent. I am
or registe familiar v SIGNATURE 12.	Signature, was or printed name gragistered	MILL	icable (NO	es, the above-ned by the corpo		id when reinstating)	DATE	
SIGNATURE	Signature, reset or printed name or physicired OFFICERS	d agent at vittle if amp.	icable (NO	TE: Registered Agent			DATE	CTORS IN 12
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cath; that I am an officer or director of the do nor 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 do nor the receiver of 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:

NATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-670-1895 Daytma Phone #