FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:13

DOCUMENT # N21785 (3)

1. Corporation Name

ST. LUCIA ASSOCIATION OF GREATER MIAMI, INC.

Principal Place of Business	Mailing Address
P.O. BOX 694929 MIAMI FL 33269	3971 NW 171ST ST CAROL CITY, FL MIAMI FL 33055 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1987
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2838825 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

CANICE, STEPHEN
~~2281 S SHERMAN CIRCLE #B410~~
MIRAMAR, FL
CAROL CITY FL 33023

10. Name and Address of New Registered Agent

81 Name: CANICE STEPHEN
82 Street Address (P.O. Box Number is Not Acceptable): 7311 GRANDVIEW BLVD.
83
84 City: MIRAMAR FL 85 Zip Code: 33023

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☐ Change ☐ Addition
NAME	CANICE, STEPHEN	12 NAME	CANICE STEPHEN	
STREET ADDRESS	~~4702 NW 192ND TERRACE~~	13 STREET ADDRESS	7311 GRANDVIEW BLVD	
CITY-ST-ZIP	~~CAROL CITY FL 33055~~	14 CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	VD	21 TITLE	D	☐ Change ☐ Addition
NAME	BERCHMAN PAUL	22 NAME	BERCHMAN PAUL	
STREET ADDRESS	11845 SW 273RD ST	23 STREET ADDRESS	11845 SW 273rd St.	
CITY-ST-ZIP	HOMESTEAD FL	24 CITY-ST-ZIP	HOMESTEAD FL	
TITLE	TD	31 TITLE	D	☐ Change ☐ Addition
NAME	DUPLESSIS, COLINS	32 NAME	Colins Duplessis	
STREET ADDRESS	3971 NW 171ST STREET	33 STREET ADDRESS	3971 NW 171st Street	
CITY-ST-ZIP	CAROL CITY FL 33055	34 CITY-ST-ZIP	CAROL CITY 33055	
TITLE	S	41 TITLE	T	☐ Change ☐ Addition
NAME	TREVOR ISHMAEL	42 NAME	TREVOR ISHMAEL	
STREET ADDRESS	675 NE 180 ST	43 STREET ADDRESS	675 NE 180 St.	
CITY-ST-ZIP	N MIAMI BEACH FL	44 CITY-ST-ZIP	N M B FL	
TITLE	TR	51 TITLE	T	☐ Change ☑ Addition
NAME	DONOVAN, WEEKES	52 NAME	Jacinta Warner	
STREET ADDRESS	2761 OCEAN CLUB BLVD #105	53 STREET ADDRESS	3871 NW 170 St.	
CITY-ST-ZIP	HOLLYWOOD FL	54 CITY-ST-ZIP	CAROL City FL 33055	
TITLE	TR	61 TITLE	T	☐ Change ☑ Addition
NAME	CLARA, JALIM	62 NAME	Rufina Lewis	
STREET ADDRESS	17401 NW 27CT	63 STREET ADDRESS	2200 NW 175 St.	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	Miami, FL [redacted]	

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: _____ 4/19/95 305 351 5672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000475