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NONPROFIT **CORPORATION** ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#	N23571
Corporation Name	•	

(5)

2. Principal Place of Business 2a. Mailing Address 4. 25 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. 27 City & State Country 2p Zip Country 8. 29 P. Name and Address of Current Registered Agent 10. 30 BANCROFT, NORMA 12821 S.W. 115TH TERR. MIAM! FL 33186 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation sor or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of diamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sgnature required when recovered Agent sgnature agent and size if applicable.	Date Incorporated or Qualified 11/20/1987 FE! Number 65-0079937 Certificate of Status Desired \$8.75 Additional Fee Required Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees This corporation has liability for intangible tay under s. 199.032, Florida Statutes Yes 11/2 No Name and Address of New Registered Agent FL 85 Zip Code
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22 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. City & State City & State City & State 6. 28 Zip Country Zip Country 8. 29 30 Street Address of Current Registered Agent 10. BANCROFT, NORMA 12821 S.W. 115TH TERR. B1 Name B2 Street Address (P. 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation is or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of diamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, biped or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when recovered Agent Signature Required Agent Signature Requ	Certificate of Status Desired Status
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SIGNATURE Signature, typod or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when re-	Ibmits this statement for the purpose of changing its registered offici- ectors. I hereby accept the appointment as registered agent. I am
	nstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DELETE 11 TITLE	Change Addition
NAME BELL, ARTHUR	
STREFT ADDRESS 10275 S.W. 141ST CT.	
CITY-ST-ZIP MIAMI FL 1.4 CITY-ST-ZIP	
TITLE PD DELETE 21 TITLE	Change Addition
NAME BANCROFT, NORMA	
STREET ADDRESS 12821 SOUTHWEST 115 TER. 23 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 2.4 CITY-ST-ZIP	
Office A VOI HO MODILE	☐ Change ☐ Addition
13400 SOUTHWEST 108 PL	
MIAMI FI	
34.0117-51-219	
NAME BALL, MYRTLE 4.3 NAME	☐ Change ☐ Addition
STREET ADDRESS 6100 SOUTHWEST 137 AVE. 4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 4.3 STREET ROUNESS	
TITLE SD DELETE 5.1 TITLE	☐ Change ☐ Addition
NAME FOSTER, NORMA 52 NAME	La creatige La creatige
STREET ADDRESS 20640 S.W. 126TH AVE.	
CITY-ST-ZIP MIAMI FL 54CITY-ST-ZIP	
TITLE DELETE 61 TITLE	☐ Change ☐ Addition
NAME 62 NAME	
6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the ecertify that the information indicated on this onnual report or supplemental annual report is frue and accurate and oath; that I am an officer or director of this opporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changely or on an attaching the with an address.	

SIGNATURE:

Selident'

3.4.96 (305) 385-0573