FILE NOW: FILING FEE IS \$61.25

.. NONPROFIT CC PORATION KINNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(8)

MAJIC C	HILDHEN'S FUND, INC.				
Principal Place of	of Business	Mailing Address			T TERRITOR BIG HERE TRUID BILLY (ADD) 1581 BIDN RIGH RADII BIDN BIDN BIDN BIRN TORK
20450 NORTHWEST SECOND AVENUE MIAMI FL 33169		20450 NORTHWEST SECOND AVENUE MIAMI FL 33169 US			
US					3. Date Incorporated or Qualified 10/03/1988 3a. Date of Last Report 08/09/1995
Principal Place of Business		2a. Mailing Address 26			4. FEI Number Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax ander s. 199.032, Florida Statutes Yes You Yes
24	25 9. Name and Address of Currer	11	30		10. Name and Address of New Registered Agent
	9. Name and Address of Currer	ir ueðistei en viðetir	81	Name	
GONZALE	:7 AI INA		L		dress (P.O. Box Number is Not Acceptable)
	PRITHWEST SECOND AVENUE		82	Street Add	aless (.a. bay training to trace econstration
MIAMI FL			83	<u> </u>	
•			84	' '	FL 85 Zip Code
11. Pursuant to	the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	, the above-	named corpo	oration submits this statement for the purpose of changing its registered office lard of directors. I hereby accept the appointment as registered agent. I am
or registere familiar with	ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	ida. Such change was authorized tion 617.0503, Florida Statutes.	i by the corp	oration's bo	lard of directors. Effereny accept the appointment as registered agent. Faith
SIGNATURE					N. C.
	Signature, typed or printed name of registered agen		Ragistered Age	nt signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OFFICERS AN	ID DIRECTORS	13.		Change Addition
NAME	COLLINS, DENNIS		1.2 NAME	10	Collins Dennis A Change Addition
STREET ADDRESS	20450 NORTHWEST SECON	O AVENUE		T ADDRESS	11360 Shaay Lare
CITY-ST-ZIP	MIAMI FL		1.4 CiTY-	ST-ZIP	PLANTATION FL 32335
TITLE	V	DELETE	21 TITLE		Change Addition
NAME	SHAW, RICK		2.2 NAME		
STREET ADDRESS	20450 NORTHWEST 2ND AV	ENUE		T ADDRESS	400001788314 -04/22/9601027001
CITY-ST-ZIP	MIAMI FL	DELETE	2. 4 CITY-	ST-ZIP	-04/22/9601027001 Change Addition
TITLE	S Hawkes, Paula		3.1 TITLE		***70.00 Change Addition
NAME STREET ADDRESS	20450 NORTHWEST SECON	D AVENUE	I 1	T ADDRESS	_
CITY-ST-ZIP	MIAMI FL		8 4. C(TY		DIRECTOR,
TITLE	8	DELETE	4.1 TITLE		
NAME	MCCARTHY, KATHIE	= -	4. 2 NAM		MARGAN, TRAN TA AVE
STREET ADDRESS	20450 NORTHWEST 2ND AV	ENUE		T ADDRESS	PLANTATION, FI 33322
CITY-ST-ZIP	- MIAMI FL	DELETE	4.4 CITY- 5.1 TITLE	ST-ZIP	Rector Dinange Addition
TITLE	GREEN, DEBORAH L.	Doctor	5.2 NAME	j.	ATINA T
NAME expect annuese	-% 3000 N. 28TH TERRACE	-		ET ADDRESS	2000 B 20 B 20 C
STREET ADDRESS 1	HOLLYWOOD FL		5 4 CITY		MIAMI & 1 33175
TITLE		DELETE	61 TITLE		Addition
NAME			6.2 NAME		ر المراكز المر
STREET ADDRESS				ET ADDRESS	- 4.
CITY-ST-ZIP		Juliah this filips is unlesstable forms	64 CITY	Ailana Aan alif	ly for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify tha		nual rep o rt or supplemental annu pocabon or the receiver or trustee	iai report is t empowered ess.	to execute	urate and that my signature shall have the same legal effect as if made under this report as required by Chapter 617, Florida Statutes; and that my name on 2AEL 3/36/46 53 88
SIGNAT	TURE:/	<u> </u>			Date Dayline Proce #
	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICE	N ON DIMECTO		AAAAA