

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N29377 (1)
1. Corporation Name
PHOENIX MANOR, INC.



Principal Place of Business Mailing Address
C/O OLIVIA T. MARTINEZ
2141 S.W. FIRST STREET
MIAMI FL 33135

3. Date Incorporated or Qualified **11/21/1988** 3a. Date of Last Report **05/01/1995**
4. FEI Number **NOT APPLICABLE** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MARTINEZ, OLIVIA T.
2141 S.W. FIRST STREET
MIAMI FL 33135

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **PD MONTES DE OCA, JOSE**
STREET ADDRESS **4841 SW 127TH COURT**
CITY-ST-ZIP **MIAMI FL**
TITLE DELETE
NAME **VD PEREZ CASTRO JOSEFINA**
STREET ADDRESS **8845 SW 132ND COURT**
CITY-ST-ZIP **MIAMI FL**
TITLE DELETE
NAME **D MOSS, MICHAEL**
STREET ADDRESS **8601 NW 1194TH TERR**
CITY-ST-ZIP **MIAMI FL**
TITLE DELETE
NAME **STD LEON, CARMEN L**
STREET ADDRESS **1810 WW 92ND AVENUE**
CITY-ST-ZIP **MIAMI FL**
TITLE DELETE
NAME **D ROJAS, MAGITA**
STREET ADDRESS **10803 S.W. 124TH PLACE**
CITY-ST-ZIP **MIAMI FL**
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **SEC/TREASURER** Change Addition
1.2 NAME **McEACHERN, ADRIANA**
1.3 STREET ADDRESS **1431 NE 132 Rd**
1.4 CITY-ST-ZIP **North Miami, FL 33161**
2.1 TITLE **D** Change Addition
2.2 NAME **GARCIA, RUDY**
2.3 STREET ADDRESS **413 SW 89th Place**
2.4 CITY-ST-ZIP **Miami, FL 33174**
3.1 TITLE **D** Change Addition
3.2 NAME **GRAU, CELIDA**
3.3 STREET ADDRESS **398 EAST 56TH Street**
3.4 CITY-ST-ZIP **HIALEAH, FL 33013**
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE **500001926265** Change Addition
6.2 NAME **-08/20/96--01065--012**
6.3 STREET ADDRESS *****61.25**
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 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: _____ **8/13/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)