

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N29377 (1)**

1. Corporation Name  
**PHOENIX MANOR, INC.**

Principal Place of Business <b>C/O OLIVIA T. MARTINEZ 2141 S.W. FIRST STREET MIAMI FL 33135</b>	Mailing Address <b>C/O OLIVIA T. MARTINEZ 2141 S.W. FIRST STREET MIAMI FL 33135</b>
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2. Principal Place of Business 21 <b>3850 West Flagler St.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>3850 West Flagler St.</b> Suite, Apt. #, etc.
23 City & State <b>Miami, FL</b>	28 City & State <b>Miami, FL</b>
24 Zip <b>33134</b>	29 Zip <b>33134</b>
25 Country <b>Miami Dade</b>	30 Country <b>Miami Dade</b>

3. Date Incorporated or Qualified <b>11/21/1988</b>		
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 <b>Martinez, Olivia T.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>3850 West Flagler St.</b>	
83	
84 City <b>Miami</b>	85 Zip Code <b>FL 33134</b>

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: *Olivia Martinez* (NOTE: Registered Agent signature required when reinstating) DATE: **1-21-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONTES DE OCA, JOSE</b>	1.2 NAME	
STREET ADDRESS	<b>4841 SW 127TH COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ CASTRO JOSEFINA</b>	2.2 NAME	
STREET ADDRESS	<b>8845 SW 132ND COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCEACHERN, ADRIANA</b>	3.2 NAME	
STREET ADDRESS	<b>1431 N.E. 132 RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAU, CELIDA</b>	4.2 NAME	
STREET ADDRESS	<b>308 EAST 56TH STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jose Montes de Oca* - **JOSE MONTES DE OCA** **1/26/98** **(305)995-1318**

CR2E037 (1097)