


FILED
Feb 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29377
 1. Corporation Name
PHOENIX MANOR, INC.

Principal Place of Business 3850 WEST FLAGLER ST MIAMI FL 33134 US	Mailing Address 3850 WEST FLAGLER ST MIAMI FL 33134 US
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2. Principal Place of Business 21 SAME ABOVE	2a. Mailing Address 26 SAME ABOVE	3. Date Incorporated or Qualified 11/21/1988
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country	30 Country	

9. Name and Address of Current Registered Agent MARTINEZ, OLIVIA T. 3850 WEST FLAGLER ST MIAMI FL 33134	10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ 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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONTE DE OCA, JOSE		1.2 NAME SCHAEFFER, JOAN	
STREET ADDRESS 4841 SW 127TH COURT		1.3 STREET ADDRESS 5240 SW 88th CT., MIAMI, FL 33165	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEREZ CASTRO JOSEFINA		2.2 NAME DIAZ, RACHEL H.	
STREET ADDRESS 8645 SW 132ND COURT		2.3 STREET ADDRESS 5760 SW 94th PL., MIAMI, FL 33165	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRAU, CELIDA		3.2 NAME MONTE DE OCA, JOSE	
STREET ADDRESS 398 EAST 56TH STREET		3.3 STREET ADDRESS 4641 SW 127th CT., MIAMI, FL 33175	
CITY-ST-ZIP HIALEAH FL 33013		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: Joan Schaeffer **SIGNATURE REQUIRED** 1/26/99 (305) 668-9440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)