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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(0)

DOCUMENT #

SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NC.		MINIMINION ASSOCIATION					
incipal Place o	of Business	Mailing Address					
3000 ISLAND (3000 ISLAND BLVD WILLIAMS ISLAND					
Williams Island N Miami Beach Fl 33160		N MIAMI BEACH FL 33160			3. Date Incorporated or Qualified 11/29/1988	3a. Date of Last F 02/03/19	•
Principal Place	ce of Business	2a. Mailing Address		······························	4. FEI Number	A	pplied For
· mape		26			65-0090625		ot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1	Additional lequired
City & State		City & State			Election Campaign Financing Trust Fund Contribution	1 1 7	May Be to Fees
Zip	Country	Zip	Country		8. This corporation has liability for in	tangible tax under s.	199.032,
	25	29	30			Yes No	
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Re	gistered Agent	
			81	Name CI	KRLD. Inc.		
STEVEN	SIEGFRIED, ESQ.		62	Street Addr	ess (P.O. Box Number is Not Acceptable	9)	
	D, KIPNIS, RIVERA, ET. AL.			201 A1	hambra Circle, Suite	1102	
	AMBRA CIRCLE, SUITE #1102		83		·		
	GABLES FL 33134		84	City		85 Zip	Code
			1	Cor	al Gables,		10/.
1. Pursuant to	the provisions of Sections 617.0502	and 617.1508, Florida Statul	es, the above	named corpor	ration submits this statement for the purp rd of directors. I hereby/accept the appo	oose of changing its re	egistered office
or registere	ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	da Such change was authoria	zed by the corp	oration's boar	rd of directors. I hereby/accept the appo	indhent as registered	agent. ram
tamiliar with	n, and accept the bullgations of Secti			June	$M_1/I_1, I_2, I_3$	re- 3/12	196'
GNATURE S	KRLD, Inc. By: Stev	en M. Siegfried	$1 \mathcal{N}$			DATE	_ \
GNATURE S	SKRID, Inc. By: Stev	and the Lappication (**	OTE: Pagisfared Ager	nt signatura require	o when Prinstating!	DATE CERS AND DIRECTO	RS IN 12
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Daytime Phone #