

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -4 AM 9:49:8

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30400 (8)

1. Corporation Name
CITIZENS FOR A BETTER SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address
**% ARSENIO MILIAN
2025 SW 32 AVE
MIAMI FL 33145-9211**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/30/1989** 3a. Date of Last Report **01/25/1994**
4. FBI Number **65-0114889** Applied For Not Applicable

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILIAN, ARSENIO
2025 SW 32 AVE
MIAMI FL 33145**

81 Name **SAME**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILIAN, ARSENIO
STREET ADDRESS	2025 SW 32 AVE
CITY - ST - ZIP	MIAMI FL 33145
TITLE	VP
NAME	BETZ, GILBERT C
STREET ADDRESS	2025 SW 32ND AVE
CITY - ST - ZIP	COCONUT GROVE FL
TITLE	TD
NAME	PORRATA, MARIA F
STREET ADDRESS	1000 NW 11TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	PORRATA, MARIA FERNANDEZ
STREET ADDRESS	1000 NW 11TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	RODR
NAME	IGUES, SERGIOLORES
STREET ADDRESS	3500 PAN AMERICAN DR
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	EITMAN, ELIZABETH W
STREET ADDRESS	1761 CLEVELAND RD
CITY - ST - ZIP	MIAMI BEACH FL 33141

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	VP-D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Georgina Pardo	
2.3 STREET ADDRESS	6800 S.W. 67th Street	
2.4 CITY - ST - ZIP	MIAMI FL 33143	
3.1 TITLE	TREASURER - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GILBERT C BETZ	
3.3 STREET ADDRESS	2025 SW 32 AVE.	
3.4 CITY - ST - ZIP	MIAMI FL 33145	
4.1 TITLE	SECRETARY - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARIA FERNANDEZ-PORRATA	
4.3 STREET ADDRESS	1000 NW 11th ST.	
4.4 CITY - ST - ZIP	MIAMI FL 33172	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SERGIO RODRIGUEZ	REVISE
5.3 STREET ADDRESS	3500 PAN AMERICAN DRIVE	
5.4 CITY - ST - ZIP	MIAMI FL 33133	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LINNI HUKANSON	
6.3 STREET ADDRESS	4006 PARADISE POINT DRIVE	
6.4 CITY - ST - ZIP	MIAMI FL 33157	

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 11D.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:

Arsenio Milian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARSENIO MILIAN

3/20/95

(805) 444-9555

Daytime Phone #