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Jun 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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

% ARSENIO MILIAN  
2025 SW 32 AVE  
MIAMI FL 33145-2211

3. Date Incorporated or Qualified 01/30/1989  
3a. Date of Last Report 05/01/1996

21. 2. Principal Place of Business  
444 Brickell Ave.

2a. Mailing Address  
26. SAME

4. FEI Number 65-0114889  
Applied For Not Applicable

22. Suite, Apt. #, etc. 850

Suite, Apt. #, etc. 27.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23. City & State Miami, FL

28. City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24. Zip 33131 Country 25. USA

29. Zip Country 30.

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  
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILIAN, ARSENIO	1.2 NAME	
STREET ADDRESS	2025 SW 32 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARDO, GEORGINA	2.2 NAME	
STREET ADDRESS	6900 S. W. 67TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWAIN, DEBORAH	3.2 NAME	
STREET ADDRESS	2025 SW 32 AVENUE	3.3 STREET ADDRESS	TD Maria Dolores Espino
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	884 W. 72 PL, Hialeah, FL 33014
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ-PORRATA, MARIA	4.2 NAME	
STREET ADDRESS	1000 NW 11TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, SERGIO	5.2 NAME	
STREET ADDRESS	3500 PAN AMERICAN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETZ, GILBERT	6.2 NAME	
STREET ADDRESS	2025 SW 32 AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)