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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90018 050 ****70.00

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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 # N30400

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

Principal Place of Business 444 BRICKELL AVE #850 MIAMI FL 33131 US	Mailing Address 444 BRICKELL AVE. #850 MIAMI FL 33131 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/30/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0114889
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MILIAN, ARSENIO
2025 SW 32 AVE
MIAMI FL 33145

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILIAN, ARSENIO	
STREET ADDRESS	2025 SW 32 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PARDO, GEORGINA	
STREET ADDRESS	6800 S. W. 67TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ESPINO, MARIA D	
STREET ADDRESS	804 W-72 PLACE	
CITY-ST-ZIP	HALEAH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ-PORRATA, MARIA	
STREET ADDRESS	1000 NW 11TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWAIN, DEBORAH	
STREET ADDRESS	2025 S.W. 32ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BETZ, GILBERT	
STREET ADDRESS	2025 SW 32 AVENUE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	244 Biscayne Blvd
2.4 CITY-ST-ZIP	Miami, FL 33122
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	# Large Director
3.3 STREET ADDRESS	501 Brickell Key Dr. Suite 500
3.4 CITY-ST-ZIP	Miami, FL 33131-2405
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Secretary
4.3 STREET ADDRESS	Stuart D. Strahl
4.4 CITY-ST-ZIP	444 Brickell Ave. Suite 850
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Treasurer
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Deborah Swain, Treas. 1/11/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)