

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N31262

(1)

1. Corporation Name

ALLIANCE OF MIAMI, INC.



Principal Place of Business

1507 ARGYLE DRIVE
208
FT. LAUDERDALE FL 33312

Mailing Address

1507 ARGYLE DRIVE
208
FT. LAUDERDALE FL 33312

3. Date Incorporated or Qualified
03/20/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0108764

Applied For
Not Applicable

22

27

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

23

28

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

24

25

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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

FLORIO, ANTHONY P
1507 ARGYLE DRIVE
#208
FT. LAUDERDALE FL 33312

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

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

Anthony Florio

1-24-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
DPS
FLORIO, TONY
STREET ADDRESS
1507 ARGYLE DR # 208
CITY-ST-ZIP
FT LAUDERDALE FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
D Secretary
Gomes Shelley
1.3 STREET ADDRESS
2421 Garfield St.
1.4 CITY-ST-ZIP
Hollywood, FL 33020

TITLE ☐ DELETE
NAME
DVP Vice President
SCOTT-FLORIO SHERRY
STREET ADDRESS
900 CRYSTAL LAKE DRIVE #2D
CITY-ST-ZIP
POMPANO BEACH FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
D Treasurer
Harber James
2.3 STREET ADDRESS
11740 NW 31 ST
2.4 CITY-ST-ZIP
Sunrise, FL 33323

TITLE ☒ DELETE
NAME
D
HORNEY, SUSIE
STREET ADDRESS
2427 LEE ST
CITY-ST-ZIP
HOLLYWOOD FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
DPS
FLORIO, ANTHONY
3.3 STREET ADDRESS
1507 Argyle Dr #208
3.4 CITY-ST-ZIP
Ft. Lauderdale, FL 33312

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
800001744028

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
03/15/96--01017--027
***70.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 119.07(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: Anthony P Florio *Anthony P Florio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96 954
463-6359
Date Daytime Phone #
3-11-96

CR2E037 (12/95)