FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Jan 17 1997 8:00am
Secretary of State

DOCUMENT # N31262 (1)
1. Corporation Name

ALLIANCE OF MIAMI, INC.

Principal Place of Business	Mailing Address
1507 ARGYLE DRIVE # 208 FT. LAUDERDALE FL 33312	1507 ARGYLE DRIVE # 208 FT. LAUDERDALE FL 33312-1576

3. Date Incorporated or Qualified	3a. Date of Last Report
03/20/1989	03/14/1996

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30

4. FEI Number **65-0108764** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

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

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 _____
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 **DPS** NAME **FLORIO, TONY** STREET ADDRESS **1507 ARGYLE DR # 208** CITY-ST-ZIP **FT LAUDERDALE FL**	☐ DELETE	1.1 TITLE **V** 1.2 NAME **MARIA BABB** 1.3 STREET ADDRESS **8112 SW. 12/ Ave** 1.4 CITY-ST-ZIP **Cooper City, FL 33930**	☐ Change ☒ Addition
TITLE **V** NAME **SCOTT-FLORIO SHERRY** STREET ADDRESS **900 CRYSTAL LAKE DRIVE #2D** CITY-ST-ZIP **POMPANO BEACH FL**	☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **SD** NAME **GOMES, SHELLEY** STREET ADDRESS **2421 GARFIELD ST** CITY-ST-ZIP **HOLLYWOOD FL 33020**	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **TD** NAME **HARBER, JAMES** STREET ADDRESS **11740 NW 31 ST** CITY-ST-ZIP **SUNRISE FL 33323**	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

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.

SIGNATURE: _JAMES HARBER_   1/3/97   463-6359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone # 0036197