SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 2

DOCUMENT # N31737 (2)

1. Corporation Name

FORT LAUDERDALE SISTER CITIES INTERNATIONAL, INC

Principal Place of Business	Mailing Address
GALLERIA PROFESSIONAL BUILDING 915 MIDDLE RIVER DRIVE, SUITE #220 FT. LAUDERDALE FL 33304	GALLERIA PROFESSIONAL BUILDING 915 MIDDLE RIVER DRIVE, SUITE #220 FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1989
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0194426 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GORE, LAURENCE D ESQ.
915 MIDDLE RIVER DRIVE, #220
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name: GORE, LAURENCE D, ESQ
82 Street Address (P.O. Box Number Is Not Acceptable): 2400 EAST COMMERCIAL BLVD, STE 245
83
84 City: FORT LAUDERDALE FL 65 Zip Code: 33308

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GAURDABASSI, FREDERICK	12 NAME	
STREET ADDRESS	510 LIDO DR.	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	VP ☐ Change ☐ Addition
NAME	GUZMAN, LILLY	22 NAME	HAROLD GALLUP
STREET ADDRESS	CHANEL 69 TV, 10306 U.S. TODAY WAY	23 STREET ADDRESS	890 NW 86 AVE #903
CITY-ST-ZIP	MIRAMAR FL	24 CITY-ST-ZIP	PLANTATION FL 33324
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	WEIDMAN-MCGREGOR, BRENDA	32 NAME	
STREET ADDRESS	6800 CYPRESS ROAD, #410	33 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	TREASURER ☐ Change ☒ Addition
NAME		42 NAME	STEVEN G. ROSEN
STREET ADDRESS		43 STREET ADDRESS	4875 N. FEDERAL HWY, 4TH FL
CITY-ST-ZIP		44 CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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: Frederick W. Gaurdabassi June 5, 1995 351-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000722