

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

700001818007
-05/13/96--01023--032
***61.25

DOCUMENT # N32746 (2)

1. Corporation Name

COMMUNITY RESEARCH INITIATIVE OF SOUTH FLORIDA, INC.



Principal Place of Business

1320 SO DIXIE HIGHWAY
485
MIAMI FL 33146
US

Mailing Address

1608 SAN IGNACIO AVENUE
STE 200
MIAMI FL 33146
US

3. Date Incorporated or Qualified
06/12/1989

3a. Date of Last Report
04/17/1995

2. Principal Place of Business
21 Same

2a. Mailing Address

26 1320 S. Dixie Hwy

4. FEI Number
65-0172140

Applied For
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 Suite 485

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

23 City & State

City & State

28 Miami, FL

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

24 Zip

25 Country

29 33146

30 USA

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

STEIN, ALLAN D.O.
7000 S.W. 62ND AVENUE
1320 SO DIXIE HIGHWAY SUITE 400 485
MIAMI FL 33146

81 Name
Fisher, Jon, D.O.

82 Street Address (P.O. Box Number is Not Acceptable)
1320 So. Dixie Highway

83 Suite 485

84 City
Miami, FL 85 Zip Code
33146

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 617.0903, Florida Statutes.

SIGNATURE

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

4/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEIN, ALLAN	
STREET ADDRESS	1320 SO DIXIE HIGHWAY SUITE 400	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SIGLER, KATHIE	
STREET ADDRESS	3000 N.E. 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EDBROOKE, JERRY	
STREET ADDRESS	201 ALHARBRA CIRCLE, SUITE 705	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	SICLARI, RICK	
STREET ADDRESS	4157 POINCIANA AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLE, BOB	
STREET ADDRESS	1428 BRICKELL AVE LBY FIGARO TRAVEL SOUTH	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fisher, Don, D.O.	
1.3 STREET ADDRESS	1620 S. Federal Hwy; Suite 640	
1.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
2.1 TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Currently Vacant	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Snitzer, Fred	
5.3 STREET ADDRESS	1810 Ponce deLeon Blvd	
5.4 CITY-ST-ZIP	Coral Gables, FL 33134	
6.1 TITLE	Research Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Stein, Allan, D.O.	
6.3 STREET ADDRESS	1320 S. Dixie Hwy; Suite 485	
6.4 CITY-ST-ZIP	Miami, FL 33143	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bob Cole, MEA Executive Director

3-27-96

Date

667-9296

Daytime Phone #

CR2E037 (12/95)