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FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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

1320 S. DIXIE HWY.  
STE. 485  
MIAMI FL 33146-2925  
US



3. Date Incorporated or Qualified  
06/12/1989

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0172140

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

FISHER, DON D.O.  
1320 SO DIXIE HIGHWAY  
485  
MIAMI FL 33146

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 PD  
NAME FISHER, DON D.O.  
STREET ADDRESS 1620 S. FEDERAL HWY. STE 640  
CITY-ST-ZIP POMPANO BCH FL 33062

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DT  
NAME SIGLER, KATHIE  
STREET ADDRESS 3000 N.E. 2ND AVENUE  
CITY-ST-ZIP MIAMI FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VP  
NAME EDBROOKE, JERRY  
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 705  
CITY-ST-ZIP CORAL GABLES FL

☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ED  
NAME SICLARI, RICK  
STREET ADDRESS 4157 POINCIANA AVENUE  
CITY-ST-ZIP COCONUT GROVE FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE S  
NAME SNITZER, FRED  
STREET ADDRESS 1810 PONCE DELEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME STEIN, ALLAN D.O.  
STREET ADDRESS 1320 SO DIXIE HIGHWAY  
CITY-ST-ZIP MIAMI FL 33146

☐ DELETE

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

☐ Change

☐ Addition

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:

*Ronald Stein* Exec. Director

1/7/97

305-467-9796 x11

CR2E037 (9/96)