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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 Mailing Address  
1320 SO DIXIE HIGHWAY 485 MIAMI FL 33146 US  
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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 29 Zip Country 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  
FISHER, DON D.O.  
1320 SO DIXIE HIGHWAY  
485  
MIAMI FL 33146

10. Name and Address of New Registered Agent  
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FISHER, DON D.O.	
STREET ADDRESS	1620 S. FEDERAL HWY. STE 640	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SIGLER, KATHIE	
STREET ADDRESS	3000 N.E. 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<del>EDBROOKE, JERRY</del>	
STREET ADDRESS	<del>201 ALHAMBRA CIRCLE, SUITE 705</del>	
CITY-ST-ZIP	<del>CORAL GABLES FL</del>	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	SICLARI, RICK	
STREET ADDRESS	4157 POINCIANA AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SNITZER, FRED	
STREET ADDRESS	1810 PONCE DELEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEIN, ALLAN D.O.	
STREET ADDRESS	1320 SO DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33146	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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)