FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 7:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N33342** **(9)**

1. Corporation Name

SOUTH FLORIDA ALA CHARITY FUND INCORPORATED

Principal Place of Business	Mailing Address
2401 PONCE DE LEON STE 900 CORAL GABLES FL 33134 US	P O BOX 14-9022 1970 MIAMI CENTER CORAL GABLES FL 3 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1989
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0145698 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 2801 PONCE DE LEON	2a. Mailing Address 26 PO BOX 14-9022
Suite, Apt. #, etc. 22 9TH FLOOR	Suite, Apt. #, etc. 27
City & State 23 CORAL GABLES FL	City & State 28 CORAL GABLES FL
Zip / Country 24 33134 / 25 DADE	Zip / Country 29 33114 / 30 DADE

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 ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FIVES, LINDA L .
201 S. BISCAYNE BLVD,
1970 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	~~D~~	11 TITLE	D ☐ Change ☒ Addition
NAME	~~KATOS, MICHAEL J.~~	12 NAME	MOREIRAS, BIANCA
STREET ADDRESS	~~100 S.E. 2ND ST.~~	13 STREET ADDRESS	20803 BISCAYNE BLVD # 210
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	FIVES, LINDA	22 NAME	
STREET ADDRESS	201 S. BISCAYNE BLVD. #1970	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	~~D~~	31 TITLE	☒ Change ☐ Addition
NAME	~~BRUGTMAN, DIANE B.~~	32 NAME	
STREET ADDRESS	~~200 S BISCAYNE BLVD 3600~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	SEEFRIED, ROBERT H.	42 NAME	
STREET ADDRESS	1621 TYLER ST	43 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	FORNEY, LES	52 NAME	
STREET ADDRESS	2801 PONCE DE LEON #900	53 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	54 CITY-ST-ZIP	
TITLE	~~PD~~	61 TITLE	D ☒ Change ☐ Addition
NAME	GUERRA, PHILIP	62 NAME	
STREET ADDRESS	2601 S BAYSHORE DR #1600	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	

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: Les Forney LES FORNEY 4/26/95 305 445 4090
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045041