FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name N34302 (2)

SOUTH DADE BEAUTIFICATION PILOT PROJECT, INC.

Principal Place of Business Mailing Address						ELI BIBIN BUBIN BIBIN B			
PILOT PROJECT 24301 SW 182 HOMESTEAD	? AVE	PILOT PROJECT. INC -24301 SW 182 AVE							
US				3. Date Incorporated or Qualified 09/22/1989	3a. Date of Last Report 06/26/1995				
2. Principal Pla 21	ice of Business	28. Mailing Address: Beaut. Pilot Proj. Inc.			Proj. Inc	4. FEI Number 65-0217723	Applied For Not Applicable		
Suite, Apt. #	, etc.	Suite, Apt. #, elc. 27 20251 S.W. 272 St.			r.	5. Certificate of Status Desired	cate of Status Desired S8.75 Additional Fee Required		
City & State		City & State 28 Homestead, Fla.				Election Campaign Financing Trust Fund Contribution			
Zip	Country	Zip 29 33031	Cour		, , , ,	8. This corporation has liability for int	_	s. 199.032,	
24	25	-I=¥1	30 U	1.S.	<u> </u>		Yes 🔀 No		
	9. Name and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New Re	pistered Agent		
			-	°'	Name				
COSGROVE, JOHN F., ESQ. 19 W FLAGLER ST				82	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 21			Ì	В3					
MIAMI FL			ŀ	84	City		 85	Zip Code	
11. Pursuant to	o the provisions of Sections 617.0502 ed agent, or both, in the State of Florid	and 617.1508, Florida Sitatutes, a. Such change was authorized	, the above the c	ve-na	med corpora ation's board	ation submits this statement for the purpo d of directors. I hereby accept the appoin	ose of changing It	s registered office red agent. I am	
familiar wit	h, and accept the obligations of, Section	n 617.0503, Florida Statutes.							
SIGNATURE _									
	Signature, typed or printed name of registered agent a			Agent a	Leriuper erutangu	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PSD	☐ DELETE	1.1 TITLE				Chang	e 🔲 Addition	
NAME	TIEMEYER, PATRICIA		1.2 NA	ME					
STREET ADDRESS	24301 SW 182ND AVE			REET AL	DORESS				
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY				153 5		
TITLE	VD	☐ DELETE	2.1 TITE		'	VD	Chang	e 🗌 Addition	
NAME	D0011112, D1100		2.2 NA	2.2 NAME		BUTTON, MILLIE			
STREET ADDRESS	17 020 011 200 01		2.3 ST			430 N.W. 14 St.		İ	
CITY-ST-ZIP	HOMESTEAD FL	- December		11Y-ST-	-ZIP 3	HOMESTEAD, FL 330		. ED Address	
TITLE	TD	☐ DELETE	3.1 TITLE				Chang	ge 🔲 Addition	
NAME	LOSNER, DOYLENE		3.2 NA						
STREET ADDRESS	20251 SW 272ND ST				DDRESS				
CITY-ST-ZIP			_	ITY - ST	- ZIP		Chang	ne 🔲 Addition	
TITLE		□DETE H:	4.1 TiT				<u>Г</u> гияц	le Thyngigan	
NAME CYPECT ADDRESS			4. 2 N/		DDDCCC				
STREET ADDRESS			1		DDRESS				
CITY-ST-ZIP		□ DELETI:	_	TY-ST-	ZIP		Chang	ge 🔲 Addition	
TITLE		□octru.	5.1 TIT 5.2 NA					in Pidounum	
NAME					nneree				
STREET ADDRESS		•			DDRESS				
CITY-ST-ZIP TITLE		DELETE	6.1 TIT	TY-ST- TLE	Fit	· · · · · · · · · · · · · · · · · · ·	Chang	ge	
NAME			62 NA						
STREET ADDRESS					DDRESS				
CITY-ST-ZIP				TY-ST-	l l				
	y certify that the information supplied w	ith this filing is voluntari'v furnis!				or the exemption stated in Section 119.0	7(3)(k), Florida Sta	itutes. I further	
certify that oath; that	the information indicated on this annu-	al report or supplemental annua ation or the receiver or trustee (al report is empower	s true	and accurat	te and that my signature shall have the s s report as required by Chapter 617, Flor	ame legal effect a	s if made under	

Apr. 15, 1996(305)245-0218