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Jan 27 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 # N34302 (2)  
1. Corporation Name  
SOUTH DADE BEAUTIFICATION PILOT PROJECT, INC.



Principal Place of Business Mailing Address  
PILOT PROJECT, INC  
24301 SW 182 AVE  
HOMESTEAD FL 33031  
US  
PILOT PROJECT, INC  
20251 SW 272 STREET  
HOMESTEAD FL 33031-2118  
US

3. Date Incorporated or Qualified 09/22/1989  
3a. Date of Last Report 04/25/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For  
21 26 65-0217723 Not Applicable  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27 \$8.75 Additional Fee Required  
City & State City & State  
23 28 \$5.00 May Be Added to Fees  
Zip Country Zip Country  
24 25 29 30 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

COSGROVE, JOHN F., ESQ.  
19 W FLAGLER ST  
SUITE 215  
MIAMI FL 33130

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

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include officer details like name, title, street address, and 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: [Signature] 1/13/97 (805) 249-9602  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024160

CR2E037 (9/96)