

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N45691 (5)

1. Corporation Name

INDEPENDENT FEATURE PROJECT - SOUTH, INC.

Principal Place of Business

PO BOX 145246  
CORAL GABLES FL 33114-5246

Mailing Address

PO BOX 145246  
CORAL GABLES FL 33114-5246

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/21/1991

4. FEI Number

65-0294479

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SERES, RICHARD  
2986 COCONUT AVENUE  
COCONUT GROVE FL 33133

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 D  
NAME COHEN, PAUL  
STREET ADDRESS 1200 NE 91 TERRACE  
CITY-ST-ZIP MIAMI FL 33132

TITLE D  
NAME ELIZABETH MOYER  
STREET ADDRESS 3801 IRVING AVE  
CITY-ST-ZIP MIAMI FL 33133

TITLE ED  
NAME SERES, RICHARD  
STREET ADDRESS 2986 COCONUT AVENUE  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D  
NAME MADDEN, PAUL  
STREET ADDRESS 1717 N BAYSHORE DR. #1944  
CITY-ST-ZIP MIAMI FL 33132

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS PO BOX 145246  
1.4 CITY-ST-ZIP CORAL GABLES, FL 33114 N/A

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS PO BOX 145246  
2.4 CITY-ST-ZIP CORAL GABLES, FL 33114 N/A

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS PO BOX 145246  
3.4 CITY-ST-ZIP CORAL GABLES, FL 33114 N/A

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS PO BOX 145246  
4.4 CITY-ST-ZIP CORAL GABLES, FL 33114 N/A

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

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

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)