

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N47950 (3)**  
1. Corporation Name  
**DOWNTOWN NORTH MIAMI BUSINESS ASSOCIATION, INC.**



Principal Place of Business  
**12326 N.E. 6 AVENUE  
SUITE ONE  
NORTH MIAMI FL 33161**

Mailing Address  
**12326 N.E. 6 AVENUE  
SUITE ONE  
NORTH MIAMI FL 33161**

3. Date Incorporated or Qualified  
**03/19/1992**

3a. Date of Last Report  
**07/24/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0335474</b>		Applied For Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23	Zip	28	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Zip				
25		30					

## 9. Name and Address of Current Registered Agent

**WALLBERG, LEO JR  
12326 NE 6 AVENUE  
SUITE ONE  
NO MIAMI FL 33161**

## 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	DS	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ALVIN	
STREET ADDRESS	990 NE 125 ST.	
CITY - ST - ZIP	NO MIAMI FL 33161	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PATCHEN, SOL	
STREET ADDRESS	12340 NE 6TH CT	
CITY - ST - ZIP	NO MIAMI FL 33161	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZANE, BILL	
STREET ADDRESS	2190 NE 124TH ST	
CITY - ST - ZIP	NO MIAMI FL 33161	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MARROCCO, RON E	
STREET ADDRESS	610-618 NE 124TH ST	
CITY - ST - ZIP	NO MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNES, WALTER	
STREET ADDRESS	695 NE 123RD ST	
CITY - ST - ZIP	NO MIAMI FL 33161	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WALLBERG, LEO JR.	
STREET ADDRESS	12326 NE 6TH AVE #1	
CITY - ST - ZIP	NO MIAMI FL 33161	

## 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 checked="" type="checkbox"/> Addition
3.2 NAME	<b>SISTER FRANCES MCCABE</b>
3.3 STREET ADDRESS	<b>7525 NORTHWEST 2 AVENUE</b>
3.4 CITY - ST - ZIP	<b>MIAMI, FLORIDA 33150</b>
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96 305-892-6150  
Date Daytime Phone #

CR2E037 (12/95)