

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
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95 MAY -1 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N48031** (1)

1. Corporation Name

**BAME DEVELOPMENT CORPORATION OF SOUTH FLORIDA, I  
NC.**

Principal Place of Business

Mailing Address

245 NW 8TH ST  
MIAMI FL 33136

245 NW 8TH ST  
MIAMI FL 33136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/27/1992

05/01/1994

4. FEI Number

Applied For

65-0364030

Not Applicable

Principal Place of Business

2b. Mailing Address

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City, Apt. #, etc.

26

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

ISO

State

27

City & State

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

Country

28

Zip

Country

29

Country

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

WHITE, JOHN F.  
245 NW 8TH ST  
MIAMI FL 33136

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	WHITE, JOHN F REV
STREET ADDRESS	470 NE 210TH CIR TER
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	LINDSEY, MARILYNN K ATTY
STREET ADDRESS	9651 SW 120TH AVE
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	JOHNSON, LEVI A
STREET ADDRESS	800 NW 207TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	BROWN, ALFREDA
STREET ADDRESS	1840 NW 81ST ST
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	White, John F. Rev.	
1.3 STREET ADDRESS	20507 NE 9th PL	
1.4 CITY-ST-ZIP	Miami, FL 33179	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Koonce, George Dr.	
2.3 STREET ADDRESS	14651 SW 94th Ave.	
2.4 CITY-ST-ZIP	Miami, FL 33176	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gustafson, Jim	
3.3 STREET ADDRESS	3899 NW 7th St. Suite 200	
3.4 CITY-ST-ZIP	Miami, FL 33126	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Brown, Alfreda	
4.3 STREET ADDRESS	1840 NW 81st St	
4.4 CITY-ST-ZIP	Miami, FL 33147	
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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE: *John F. White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1995

(305) 371-1920

Date

Daytime Phone #