NONPROFIT CORPORATION ANNUAL REPORT



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

1990	

DOCUMENT # N49160
1. Corporation Name

(7)

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Principal Place of Business Mailing Address							
18441 N.W. 2ND AVE. 18441 N.W. 2ND STE. 218 STE. 218		18441 N.W. 2ND AVE.					
			MIAMI FL 33169-4517				
						3. Date Incorporated or Qualified 3a. Date of Last R 06/01/1992 02/20/19	
2. Principal Pia	ce of Business	2a. Mailing Address				4. FEI Number	oplied For
21		26				65-0373584 N	ot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				L & Certificate of Status Desired IA L	Additional equired
Ct. 8 State		City & State					
City & State		28					May Be to Fees
Zip	Country	Zip	Cour	ntry		This corporation has liability for intangible tax under s. 1	
24	25	29	30			Florida Statutes X Yes No	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered Agent	
				81	Name		
HAYDEN,			<u> </u>	82	Street Ad	tdress (P.O. Box Number is Not Acceptable)	
	w second avenue						
STE 218	00400			83			
MIAMI FL	33169		Ī	84	City	<b>€ 85</b> Zip	Code
\$4 Durayants	a the provisions of Costions 617 Of	500 and 617 1500. Florida Statut	too the sho	<u></u>	amod corp	poration submits this statement for the purpose of changing its re	nictored office
or registere	ed agent, or both, in the State of Fi	orida. Such change was authoriz	zed by the c	orpo	oration's bo	oard of directors. I hereby accept the appointment as registered a	agent. I am
	n, and accept the obligations of, S	ection 617.0503, Florida Statutes	S.				
SIGNATURE _	Signature, typed or printed name of registered &	pent and stie if applicable (NO	OTE. Registered .	Ageni	t signature requ	ured when reinstaling) DATE	
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	IS IN 12
TITLE	PD	☐ DELETE	1.1 70	LE	F	PD Change	☐ Addition
NAME	DADY, ROBERT E		1 2 NA	ME		DADY, ROBERT E.	
STREET ADDRESS	100 SE SECOND ST, #410	0	1.3 ST	REET		100 SE SECOND ST, SUITE # 4000	
CITY - ST - ZIP	MIAMI FL	Florier	1.4 CIT		I-SIB I	MIAMI, FL	
TITLE	D EDONOIC IAMES	DELETE	2 1 111			☐ Change	Addition
NAME	ERONCIG, JAMES 5701 SUNSET DR, #302		2 2 NA				
STREET ADDRESS	S MIAMI FL				ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	2 4 C) 3 1 TiT	_	1-214	Change	Addition
NAME	RUBINSON, RICHARD		32 NA			Lud g-	
STREET ADORESS	1295 NW 14TH ST, STE K				ADDRESS		
CITY-ST-ZIP	MIAMI FL		3 <b>4</b> CI				
TITLE		DELETE	4 1 TIT			☐ Change	☐ Addition
NAME			4 2 N/	ME	-		
\$TREET ADDRESS			4 3 ST	REET	ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————	4.4 CI	_	r - 71P		
TITLE		DEFELE	5 1 115			☐ Change	☐ Addition
NAME			5.2 NA				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CH	_	[-ZIP	Change	Addition
TITLE			6 1 TH 6 2 NA			C Griange	- Addition
NAME CTUSET ADDDESS					ADDRESS		
STREET ADDRESS					l		
CITY - ST - ZIP	certify that the information supplie	ad with this filma is valuatarily fur	64 CII			fy for the exemption stated in Section 119 07/31/k). Florida Statute	s I further

I do nereby 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 eath; 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: Albund

H. Bruce Hayden, P H. Bruce Hayden, President

01/31/96 (305) 653-8288

Daytime Phone #

CR2E037 (12/95)