

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000000988 (6)

1. Corporation Name

SOUTH DADE ASSOCIATION OF RENTAL PROPERTY OWNERS  
, INCORPORATED



Principal Place of Business

Mailing Address

402 SW SIXTH ST  
HOMESTEAD FL 33030

402 SW SIXTH ST  
HOMESTEAD FL 33030

3. Date Incorporated or Qualified  
02/26/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 10700 CARIBBEAN Blvd

26 10700 CARIBBEAN Blvd.

4. FEI Number  
65-0463472

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 202B

27 202B

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33178

25

29 33178

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

PHICHOL WILLIAMS JR.  
402 SW 6TH ST  
HOMESTEAD FL 33030

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME WILLIAMS, PHICHOL  
STREET ADDRESS 402 SW SIXTH ST  
CITY-ST-ZIP HOMESTEAD FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME ROYAL, FRED  
STREET ADDRESS 17445 HOMESTEAD AVE  
CITY-ST-ZIP PERRINE FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME GOODWYN, DAVID J  
STREET ADDRESS 117-A NW LUCY ST  
CITY-ST-ZIP FLORIDA CITY FL 33034

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME HAMED, ANDRELLA  
STREET ADDRESS 9725 NW FOURTEENTH AVE  
CITY-ST-ZIP MIAMI FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME CLAYTON, LOVEY  
STREET ADDRESS 1615 NW FIRST AVE  
CITY-ST-ZIP FLORIDA CITY FL 33034

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0006760

CR2E037 (3/96)