

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N93000005804 (0)**

1. Corporation Name

**NEW CITY TRUST, INC.**



Principal Place of Business

**10 PALMS PLAZA  
HOMESTEAD FL 33030**

Mailing Address

**111 S.W. 5TH AVE.  
STE 104  
MIAMI FL 33130**

3. Date Incorporated or Qualified  
**12/30/1993**

3a. Date of Last Report  
**08/28/1995**

2. Principal Place of Business

2a. Mailing Address

**21 22025 SW 87th Avenue**

**26 22025 SW 87th Avenue**

4. FEI Number

**65-0457078**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

City & State

City & State

**23 Miami, FL**

**28 Miami, FL**

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00 May Be  
Added to Fees**

Zip Country

Zip Country

**24 33190**

**25 USA**

**29 33190**

**30 USA**

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

**COLE, MARY LOUISE PH.D.  
4955 LAKEVIEW DRIVE  
MIAMI BEACH FL 33140**

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 **D/P** ☐ DELETE  
NAME **COLE, MARY L PH.D.**  
STREET ADDRESS **4955 LAKEVIEW DRIVE**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE **D VP** ☐ DELETE  
NAME **ADAIR, JOSEPH**  
STREET ADDRESS **432 WASHINGTON AVE.**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

21 TITLE **D VP** ☒ Change ☐ Addition  
22 NAME **Harris, Emanuel**  
23 STREET ADDRESS **12005 SW 213th Terrace**  
24 CITY-ST-ZIP **Goulds, FL 33157**

TITLE **D** ☐ DELETE  
NAME **DE LANGE, DAN**  
STREET ADDRESS **13220 SW 208TH STREET**  
CITY-ST-ZIP **MIAMI FL 33177**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **HARRIS, EMANUEL**  
STREET ADDRESS **12005 SW 213TH TERRACE**  
CITY-ST-ZIP **GOULDS FL 33157**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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:

*Mary Louise Cole*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/96  
Date

(305)251-3112  
Daytime Phone #

CR2E037 (12/95)