

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 # N94000000347 (4)

1. Corporation Name

TURKS & CAICOS ASSOCIATION INC.



Principal Place of Business

Mailing Address

16410 NW 37TH COURT  
OFFICE SUITE A  
MIAMI FL 33054

16410 NW 37TH COURT  
OFFICE SUITE A  
MIAMI FL 33054

3. Date Incorporated or Qualified  
01/24/1994

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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0463589

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

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

SMITH, EDWARD E  
16410 NW 37TH COURT  
MIAMI FL 33054

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	SWANN, CLAUDE	
STREET ADDRESS	1465 NW 192ND ST.	
CITY - ST - ZIP	MIAMI FL 33169	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, EDWARD E	
STREET ADDRESS	16410 NW 37TH CT.	
CITY - ST - ZIP	MIAMI FL 33154	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ARIZA, LAURIE	
STREET ADDRESS	15901 SW 102ND AVE.	
CITY - ST - ZIP	MIAMI FL 33157	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SIMONS, DORENE	
STREET ADDRESS	16410 NW 37 CT	
CITY - ST - ZIP	MIAMI FL 33054	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, NOEL JR.	
STREET ADDRESS	980 W. 77TH ST.	
CITY - ST - ZIP	HIALEAH FL 33014	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SIMONS, ANTHONY	
STREET ADDRESS	15845 NW 20TH AVE.	
CITY - ST - ZIP	MIAMI FL 33054	

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANTONIO FULFORD	
1.3 STREET ADDRESS	15701 SW 102 AVE	
1.4 CITY - ST - ZIP	MIAMI, FL 33157	
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 type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	600001747426	
4.4 CITY - ST - ZIP	03/18/96--01035--012	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD E. SMITH

Date

Daytime Phone #

4/6/96

1-305-624-1567

CR2E037 (12/95)