

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

**APPROVED
AND
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95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003649 (0)
 1. Corporation Name
DOUGLAS/LEJEUNE/FLAGLER NEIGHBORS & BUSINESS ASSOCIATION INC.

Principal Place of Business 3900 SW 2ND TER MIAMI FL 33134	Mailing Address 3900 SW 2ND TER MIAMI FL 33134
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/22/1994	3a. Date of Last Report
4. FEI Number 65-0530959	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City	25. Country
29. City	30. Country

9. Name and Address of Current Registered Agent

**WINSLOW, GORDON
3900 SW 2ND TER
MIAMI FL 33134**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

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 _____ DATE _____
Signature (typed or printed name of registered agent and fee applicator) (B2)(1) Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	WINSLOW, GORDON
STREET ADDRESS	3900 SW 2ND TER
CITY - ST - ZIP	MIAMI FL 33134
TITLE	DV
NAME	URQUIOLA, ANGEL
STREET ADDRESS	25 SW 38TH AVE
CITY - ST - ZIP	MIAMI FL 33134
TITLE	DV
NAME	MENDEZ, IRAIDA
STREET ADDRESS	3925 SW 6TH ST
CITY - ST - ZIP	MIAMI FL 33134
TITLE	DV
NAME	PONS, GUILLERMO
STREET ADDRESS	3770 SW 1ST ST
CITY - ST - ZIP	MIAMI FL 33134
TITLE	DT
NAME	DEBESA, PEDRO
STREET ADDRESS	3941 SW 2ND TER
CITY - ST - ZIP	MIAMI FL 33134
TITLE	DT
NAME	MEDINA, MARIA O
STREET ADDRESS	185 SW 38TH AVE
CITY - ST - ZIP	MIAMI FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	DT
53 STREET ADDRESS	DEBESA, PLACIDO
54 CITY - ST - ZIP	3941 S.W. 2nd Terrace Miami, FL. 33134
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	DS.
63 STREET ADDRESS	AQUINO, VIVIAN
64 CITY - ST - ZIP	3931 S.W. 2nd Terrace Miami, FL. 33134

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 017, Florida Statutes, and that my name appears in Block 12 or Block 13, as indicated, or on an attachment with an address.

SIGNATURE:  **Gordon Winslow** 7-24-95 (305) 443-6722
SIGNATURE (AND TITLE) OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR