

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004678 (8)**

95 MAY - 1 AM 8: 22

1. Corporation Name
VINCENTIAN FLORIDA ASSOCIATION INC.

Principal Place of Business Mailing Address
17940 NW 6TH COURT MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/20/1994** 3a. Date of Last Report

4. FEI Number Applied For Not Applicable

5. Certificate of Status Destroyed **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **Current - as above**

26 **POST OFFICE BOX**

22 Suite, Apt. #, etc. **-**

27 Suite, Apt. #, etc. **695046**

23 City & State **-**

28 **Miami Florida**

24 Zip **-** 25 County **DADE**

29 Zip **33169** 30 County **DADE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLACK, MATTHEW E SR
17940 NW 6TH COURT
MIAMI FL 33169**

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 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 **MATTHEW BLACK**

Signature, typed or printed name of registered agent and fee, if applicable

8427E Registered Agent signature required when reinstating

DATE

4/6/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Secretary - Director**
NAME **MATTHEW E BLACK SR**
STREET ADDRESS **17940 NW 6th**
CITY, ST, ZIP **MIAMI FL 33169**

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

TITLE **Treasurer - Director**
NAME **ELMINA JAMES**
STREET ADDRESS **2984 NW 193 TERR**
CITY, ST, ZIP **MIAMI FL 33056**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE **Vice President - Director**
NAME **CarliSa Semper Marksman**
STREET ADDRESS **7221 Embassy Blvd**
CITY, ST, ZIP **Miramar FL 33023**

31 TITLE Change Addition
32 NAME **CarliSa Semper Marksman**
33 STREET ADDRESS **7221 Embassy Blvd**
34 CITY, ST, ZIP **Miramar FL 33023**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
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 110.07(3)(a), 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: **MATTHEW BLACK - (MATTHEW)** **4/6/95** **302 624-5606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number