

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

FILED

96 DEC -3 AM 11:00

SECRETARY OF STATE



REINSTATEMENT *96aw*

DOCUMENT # N95000001079 (1)

1. Corporation Name

COMMUNITY ACTION FOUNDATION, INC.

Principal Place of Business

1699 CORAL WAY, STE. 510
MIAMI FL 33145

Mailing Address

1699 CORAL WAY, STE. 510
MIAMI FL 33145

3. Data Incorporated or Qualified
03/06/1995

3a. Date of Last Report

4. FEI Number

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 Fee

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 7961 NW 14 ST.

2a. Mailing Address

28 7961 NW 14 ST

Suite, Apt. #, etc.

22 MIAMI, FL.

Suite, Apt. #, etc.

27 MIAMI, FL

City & State

23 33126

City & State

29 33126

Zip

Country

25 USA

Zip

Country

30 USA

9. Name and Address of Current Registered Agent

MARTINEZ-CID, RICARDO
1699 CORAL WAY, STE. 510
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name ROBERTO CARBALLO DIAZ
82 Street Address (P.O. Box Number is Not Acceptable) 7961 NW 14 ST.
83
84 City MIAMI FL 85 Zip Code 33126

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 617.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

ROBERTO CARBALLO DIAZ

DATE 4.30.96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BANDRICH, LUIS	
STREET ADDRESS	7961 N.W. 14 ST.	
CITY - ST - ZIP	MIAMI FL 33128	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	CABELLO GONZALEZ, MARIO	
STREET ADDRESS	7961 N.W. 14 ST.	
CITY - ST - ZIP	MIAMI FL 33128	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CARBALLO DIAZ, ROBERTO	
STREET ADDRESS	7961 N.W. 14 ST.	
CITY - ST - ZIP	MIAMI FL 33128	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GUTIERREZ CABEZAS, GUILLERMO	
STREET ADDRESS	7961 N.W. 14 ST.	
CITY - ST - ZIP	MIAMI FL 33128	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTINEZ-CID, RICARDO	
STREET ADDRESS	7961 NW 14 ST.	
CITY - ST - ZIP	MIAMI FL 33128	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	HERNANDEZ VAZQUEZ, JOSE LUIS	
STREET ADDRESS	7961 NW 14 ST.	
CITY - ST - ZIP	MIAMI FL 33128	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ENRIQUE SACERO	
1.3 STREET ADDRESS	7961 NW 14 ST	
1.4 CITY - ST - ZIP	MIAMI, FL, 33126	
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		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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		

100002019361--0
-12/04/96--01057--005
*****175.00*****

100002019361--0
-12/04/96--01057--005
*****70.00*****

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)(c), 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 REQUIRED ROBERTO CARBALLO DIAZ 4.30.96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Prefix #

(203) 592,9391

CR2E037 (12/96)