


8-7-97 B-8134 C
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Aug 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002446 (1)**

1. Corporation Name

SOUTH MIAMI ALLIANCE FOR YOUTH, INC.



Principal Place of Business 6030 S.W. 62 PLACE SOUTH MIAMI FL 33143	Mailing Address 6030 S.W. 62 PLACE SOUTH MIAMI FL 33143-2170
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/22/1995		3a. Date of Last Report 03/21/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0612401		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent BUTLER, DONALD C.P.A. RACHLIN & COHEN, C.P.A. 1320 S. DIXIE HIGHWAY CORAL GABLES FL				10. Name and Address of New Registered Agent 81 Name HARRELL, DAISY 82 Street Address (P.O. Box Number is Not Acceptable) 6030 S.W. 62 PLACE 83 84 City SOUTH MIAMI FL 85 Zip Code 33143			
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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 **DAISY HARRELL** *Daisy Harrell* **8/2/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRELL, DAISY			1.2 NAME			
STREET ADDRESS	% 6030 S.W. 62 PLACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	SOUTH MIAMI FL 33143			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PERRY, LEE			2.2 NAME	JOSEPH GIBSON		
STREET ADDRESS	% 6030 S.W. 62 PLACE			2.3 STREET ADDRESS	6221 S.W. 63 COURT		
CITY-ST-ZIP	SOUTH MIAMI FL 33143			2.4 CITY-ST-ZIP	SOUTH MIAMI, FL 33143		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBAINA, JULIO			3.2 NAME	KAREN O'MALLEY		
STREET ADDRESS	% 6030 S.W. 62 PLACE			3.3 STREET ADDRESS	6644 S.W. 61 STREET		
CITY-ST-ZIP	SOUTH MIAMI FL 33143			3.4 CITY-ST-ZIP	MIAMI, FL 33143		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	REDDING, SUSAN			4.2 NAME	ANNA DUPREE		
STREET ADDRESS	% 6030 S.W. 62 PLACE			4.3 STREET ADDRESS	6521 S.W. 62 CT.		
CITY-ST-ZIP	SOUTH MIAMI FL 33143			4.4 CITY-ST-ZIP	S. MIAMI, FL. 33142		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	MARK DIAZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WARD, DICK			5.2 NAME	% 6030 S.W. 62 PL.		
STREET ADDRESS	% 6030 S.W. 62 PLACE			5.3 STREET ADDRESS	SOUTH MIAMI, FL. 33143		
CITY-ST-ZIP	SOUTH MIAMI FL 33143			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BASU, SUBRATA			6.2 NAME	MAIKO BROWN		
STREET ADDRESS	% 6030 S.W. 62 PLACE			6.3 STREET ADDRESS	6295 S.W. 58 PL.		
CITY-ST-ZIP	SOUTH MIAMI FL 33143			6.4 CITY-ST-ZIP	S. MIAMI, FL. 33143		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **DAISY HARRELL** *Daisy Harrell* **8/2/97** **1130003**

CR2E037 (9/96)