## FILE NOW; FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 12 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998 POCUMENT #

N95000003161 (5)

Principal Place of Business  Mailing Address  8180 N.W. 36TH STREET  #305  MIAMI FL 33166  MIAMI FL 33166  MIAMI FL 33166  MIAMI FL 33166  Applied For Not Applicable  2. Principal Place of Business 21 926757  Mailing Address 26 926757  Suite, Apt. #, etc.  Suite, Apt. #, etc.  22 27  City & State  Country  28 77 I Applied For Not Applicable  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi
#305 MIAMI FL 33166  #306 MIAMI FL 33166  #306 MIAMI FL 33166  #307 MIAMI FL 33166  #306  #306 MIAMI FL 33166  #306  #307 #306  #307 #306 #306 #306 #306 #306 #306 #306 #306
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Certificate of Status Desired Status Desired Fee Required 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 4. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 5. Suite, Apt. #, etc. 6. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees 6. Certificate of Status Desired Fee Required 6. Election Campaign Financing St.00 May Be Added to Fees 6. Certificate of Status Desired Fee Required 7. Is this nonprofit corporation a homeowners association? 6. Very State
2. Principal Place of Business 21 9264 5.W 40 S.+. 26 9264 S.W.4045 5. Certificate of Status Desired Fee Required  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Size  Country  Zip  Country
Trust Fund Contribution Added to Fees  City & State  City & State  City & State  28
City & State  23 MIAMI FLA  28 MIAMI FLA  29 MIAMI FLA  20 Country  21 Country  22 Country  23 J/6 S  25 DAG  29 33/6 S  30 DAG  30 Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11 Name
23 MIAMI FIA
Zip 3/6 5 25 Dod 29 33/6 5 30 DASC. Share and Address of Current Registered Agent  Country 2 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
B1 Name
PODOCEDO OLEMOS
RODGERS, CARLOS 8180 N.W. 36TH STREET
#305
MIAMI FL 33166 B4 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 aignature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PVD DELETE 1.1 TITLE LE Change Addition
NAME RODGERS, CARLOS 1.2 NAME
STREET ADDRESS   8180 N.W. 36TH STREET, #305   1.3 STREET ADDRESS   9244 S.W. 40 St.   CITY-ST-ZIP   MIAMI FL 33166   1.4 CITY-ST-ZIP   MIAMI FL 33 165.
TITLE DM DELETE 21 TITLE Change Addition
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STREET ADDRESS 8180 N.W. 36TH STREET, #305  CITY-ST-ZIP MIAMI FL 33166  2.4 CITY-ST-ZIP MIAMI FL 33166  2.4 CITY-ST-ZIP MIAMI FL 33165
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STREET ADDRESS 8180 N.W. 36TH STREET, #305
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TITLE DELETE 6.1 TITLE Change Addition
NAME 6.2 NAME
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CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  14 Thereby positive that the information of policy with this filling does not published the programming stand in Spatian 1.10 07(2)(i). Florida Statuto I further contifu that the information

Indicated on this annual report or supplied with this little does not quality for the exemption stated in Section 119.07(3)(1). Florida Statutes, I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 on an attachment with an address.

SIGNATURE: