

FILE NOW: FILING FEE IS \$61.2

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003414 (8)

1. Corporation Name

SELF IMPROVEMENT, INC.

Principal Place of Business

1620 NE 148 STREET
MIAMI FL 33181

Mailing Address

1620 NE 148 STREET
MIAMI FL 33181



3. Date Incorporated or Qualified
07/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 284 NW 86 St

26 284 NW 86 St

4. FEI Number

65-0594435

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 Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Miami FL 33150

28 Miami, FL

Zip

Country

Zip

Country

24 33150

25 USA

29 33150

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALOMON, ISLANDE

1620 NE 148 STREET 284 NW 86 St

MIAMI FL 33181

Miami, FL 33150

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 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 signature required when reinstating)

DATE

Islande Salomon

05-30-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change

☐ Addition

TITLE

D

NAME

SALOMON, ISLANDE

STREET ADDRESS

284 NW 86 STREET

CITY - ST - ZIP

MIAMI FL 33150

TITLE

D

NAME

ARREBOLA, MANUEL

STREET ADDRESS

8139 SW 209 STREET

CITY - ST - ZIP

MIAMI FL 33189

TITLE

D

NAME

EMMANUEL, RAYMOND

STREET ADDRESS

12393 NE 6 AVE

CITY - ST - ZIP

NO MIAMI FL 33161

☐ DELETE

☐ Change

☐ Addition

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

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

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-30-96

Date

(305) 751-7395

Daytime Phone #

CR2E037 (12/95)