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Jan 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1997 1-28-97

B-09377 C

DOCUMENT # N95000004523 (5)

1. Corporation Name

BLACK AND WHITE MEN TOGETHER/SOUTH FLORIDA INC.

Principal Place of Business

1513 N DIXIE HWY
FT LAUDERDALE FL 33304

Mailing Address

1513 N DIXIE HWY
FT LAUDERDALE FL 33304-4841



3. Date Incorporated or Qualified
09/22/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 12500 NE 15TH AVE

Suite, Apt. #, etc.

22 APT #506

City & State

23 N. MIAMI FLA

Zip

24 33161

Country

25 DADE USA

2a. Mailing Address

26 12500 NE 15TH AVE

Suite, Apt. #, etc.

27 APT #506

City & State

28 N. MIAMI FLA

Zip

29 33161

Country

30 DADE USA

4. FEI Number
65-0448498

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

9. Name and Address of Current Registered Agent

HATCHETT, DILVERT
1513 N DIXIE HWY
FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

CHESTER HONIG

82 Street Address (P.O. Box Number is Not Acceptable)

12500 NE 15TH AVE

83

APT #506

84 City

N. MIAMI

FL

85 Zip Code

33161

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: Chester Honig CHESTER HONIG-TREASURER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/97

12. OFFICERS AND DIRECTORS

TITLE D
NAME BAFIA, GLENN
STREET ADDRESS 10333 BOYNTON PLACE CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE D
NAME COVIN, SHELDON
STREET ADDRESS 2304 NW 54 STREET
CITY-ST-ZIP TAMARAC FL 33309

TITLE D
NAME BURRELL, GEORGE
STREET ADDRESS 6225 SW 32 STREET
CITY-ST-ZIP MIRAMAR FL 33023

TITLE D
NAME MURPHY, DANIEL
STREET ADDRESS 1513 N DIXIE HWY
CITY-ST-ZIP FL LAUDERDALE FL 33304

TITLE D
NAME HATCHETT, DILVERT
STREET ADDRESS 1513 N DIXIE HWY
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME BAFIA, GLENN
1.3 STREET ADDRESS 10333 BOYNTON PLACE CIRCLE
1.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437

2.1 TITLE D
2.2 NAME COVIN, SHELDON
2.3 STREET ADDRESS 2304 NW 54 STREET
2.4 CITY-ST-ZIP TAMARAC, FL 33309

3.1 TITLE D
3.2 NAME FICKET, DAN
3.3 STREET ADDRESS 803 NE 70TH STREET
3.4 CITY-ST-ZIP MIAMI FL 33138

4.1 TITLE D
4.2 NAME HONIG, CHESTER
4.3 STREET ADDRESS 12500 NE 15TH AVE APT #506
4.4 CITY-ST-ZIP N. MIAMI FL 33161

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

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: Chester Honig CHESTER HONIG-TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/97

Daytime Phone # 0035610

(305) 899-8906

CR2E037 (9/96)