

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005428 (6)

1. Corporation Name

FRIENDS OF THE DCCOSW, INC.



Principal Place of Business	Mailing Address
C/O ROCHELLE S. LEVIN, ESO. 444 BRICKELL AVE., SUITE 300 MIAMI FL 33131	C/O ROCHELLE S. LEVIN, ESO. 444 BRICKELL AVE., SUITE 300 MIAMI FL 33131

3. Date Incorporated or Qualified	11/15/1995
4. FEI Number	65-0642991
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 22800 S.W. 157 AVE	26 PO BOX 970637
22 Suite, Apt. #, etc.	27
23 MIAMI, FL	28 MIAMI FL
24 33170	29 33197
25 DADE	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
STEWART LEVIN, ROCHELLE S ESO. 444 BRICKELL AVENUE SUITE 300 MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name STEWART MERKIN, ESO
82 Street Address (P.O. Box Number is Not Acceptable) 404 BRICKELL AVE
83 SUITE 300
84 City MIAMI
85 Zip Code FL 33131

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 *Stewart Merkin* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	O'ROURKE, JANISE		
STREET ADDRESS	444 BRICKELL AVE., #300	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	MIAMI FL 33131		
TITLE	NAME	2.1 TITLE	2.2 NAME
VP PRES-D	LEVIN, ROCHELLE S		
STREET ADDRESS	444 BRICKELL AVE., #300 22800 S.W. 157 AVE	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
CITY-ST-ZIP	MIAMI FL 33131 33170		
TITLE	NAME	3.1 TITLE	3.2 NAME
VP SEC-D	LURIE, DORIE		
STREET ADDRESS	444 BRICKELL AVE., #300 9349 ABBOTT AVE	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP	MIAMI FL 33131 SURFSIDE, FL 33154		
TITLE	NAME	4.1 TITLE	4.2 NAME
VP-D	DOROTHY SIBLEY		
STREET ADDRESS	13125 SW 81ST AVE	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP	MIAMI FL 33156		
TITLE	NAME	5.1 TITLE	5.2 NAME
TREAS-D	EDGEMIA THOMAS		
STREET ADDRESS	1110 N.W. 41ST ST	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
CITY-ST-ZIP	MIAMI, FL 33127		
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
CITY-ST-ZIP			

14. I 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: *Rochelle S. Levin* ROCHELLE S. LEVIN 11/1/98 305-228-0660

CR2E037 (10/97)