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Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPE

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Sandra B. Morthsyn

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500005771 (9)

CITIZENS FOR FLORIDA CORPORATION

444 BRICKELL AVE. 444 BRICKELL AVE. SUITE 300 SUITE 300 MIAM! FL 33131 MIAMI FL 33131-2472 3. Date incorporated or Qualified 12/07/1995 3a. Date of Last Report 02/16/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0623030 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Bo 28 **Trust Fund Contribution** Added to Fees 23 Zip Country ZiD Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MERKIN, STUART PA 82 Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVE. 83 SUITE 300 MIAMI FL 33131 City Zip Code 85 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 eignature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. 96/6) TITLE President DELETE 1.1 TITLE Change Addition CANERO-DAVIES, ANTONIA 1.2 NAME NAME 444 BRICKELL AVE., SUITE 300 1.3 STREET ADDRESS STREET ADDRESS TREASURER MIAMI FL 33131 CITY - ST - ZIP 1.4 CITY-ST-ZIP DEBORAH MORDECAN 2900 Douglas Rd. Suite 201 ☐ Addition 2.1 TITLE TITLE FRANQUI, ELVIES 2.2 NAME NAME 1790 W. 49TH STREET, SUITE 211 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition 3.1 TITLE TITLE SHARRY, FRANK 3.2 NAME NAME 220 I STREET, NE #220 STREET ADDRESS **3.3 STREET ADDRESS** WASHINGTON DC 20002-4362 34. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP ■ Addition DELETE Change 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE DELETE 6.1 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filling 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 min an attachment with an address.