

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

APPROVED  
AND  
FILED

99 JAN -6 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

02/26/1998

4. FEI Number 65-0649281 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

Principal Place of Business Mailing Address  
9260 SUNSET DRIVE STE 219 9260 SUNSET DRIVE STE 219  
MIAMI FL 33173 MIAMI FL 33173

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAFARD, MICHAEL  
100 NE 15 ST #103C  
HOMESTEAD FL 33030

81 Name William R. Wicks III  
82 Street Address (P.O. Box Number is Not Acceptable) 2511 Ponce de Leon Blvd., Ste. 300  
83  
84 City Coral Gables FL 85 Zip Code 33134

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

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME RAMOS, RICHARD  
STREET ADDRESS 85 GRAND CANAL DR #402  
CITY-ST-ZIP MIAMI FL

TITLE DP  
NAME VALDES, MARY  
STREET ADDRESS 9260 SUNSET DR, SUITE 219  
CITY-ST-ZIP CORAL GABLES FL

TITLE DT  
NAME CAFARD, MICHAEL  
STREET ADDRESS 100 NE 15TH ST, #103C  
CITY-ST-ZIP HOMESTEAD FL

TITLE D  
NAME FERNANDEZ, MARIA C  
STREET ADDRESS 7365 FAIRWAY DRIVE APT. 127  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME Joseph L. Socarras  
1.3 STREET ADDRESS 3700 West 12 Avenue  
1.4 CITY-ST-ZIP Hialeah, Florida 33012

2.1 TITLE D  
2.2 NAME Maggie P. Gonzalez  
2.3 STREET ADDRESS 780 NW 42 Avenue, Suite 301  
2.4 CITY-ST-ZIP Miami, Florida 33126

3.1 TITLE D  
3.2 NAME Ramos, Richard  
3.3 STREET ADDRESS 7221 Coral Way, Suite 210  
3.4 CITY-ST-ZIP Miami, Florida 33155

4.1 TITLE DT  
4.2 NAME Siegel, David J.  
4.3 STREET ADDRESS 5220 SW 128 Court  
4.4 CITY-ST-ZIP Miami, Florida 33175

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/98 305-223-0200

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CR2E037 (5/98)