## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600002861 (0)

ETHIOPIAN COMMUNITY OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

## FILED Jun 03 1997 8:00am Secretary of State



19440 ROYAL BIRKDALE DRIVE MIAMI FL 33015				19440 ROYAL BIRKDALE DRIVE Miami Fl 33015-2313						•				
									3. Date Incorporated of 05/30/1996	Qualified	3a. Dat	e of Last F	Report	]
2. Principal P	lace of Busin	ness	2a	2a. Mailing Address					4. FE! Number		1	ΙΔ	pplied For	1
21			26	26					65-067	040	0		ot Applicable	ł
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					0 2 001	070				ł
22 City & State				27					5. Certificate of Status Desired S8.75 Additional Fee Required					
23	.e		28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip	Country			Zip Cou					8. This corporation has	liability for in	ntangible t	ax under s	199 032	1
24	25			29 30				l	Florida Statutes		Yes 🏋		,	
	9. Name	and Address of C	urrent Regio	egistered Agent				10. Name and Address of New Registered Agent						
						81	Name							1
AMERILAWYER CHARTERED							Chanal	A adada a	- (D.O. D					
343 ALMERIA AVENUE				[			82 Street Address (P.O. Box Number is Not Acceptable)							
	GABLES FL							_						1
ODIFIE GABLEO I E 00104														l
						84	City				171	<b>85</b> Zip	Code	١
11 Purcuent	to the provisi	one of Sections 61	7.0502 and 6	117 1600 Florida Statut	on the o	bout	nomod.		otion pulpoite this statemen	1	FL			ļ
office or r	egistered ag	ent, or both, in the	State of Flori	da. Such change was a	es, the a authorize	d by	the corp	corpora	ation submits this statement's board of directors. I he	ent for the pi ereby accep	urpose of c I the appoi	nanging i intment as	ts registered registered	ļ
agent. I a	ım familiar wi	th, and accept the	obligations o	f, Section 617.0503, Flo	orida Sta	tutes				,			J	ĺ
SIGNATURE .	O(													l
12.	Signature, typeo	or printed name of registe					nt signature o	rednited /		TO OFFICE	DATE	NIDEOTO!	NO 111 16	۰
TITLE	OFFICERS AND D					TI E			ADDITIONS/CHANGE	S TO OFFICE				Ş
	DIRO, GERAWORK G			peeric	1.1 TOTLE						L	Change	☐ Addition	۶
46446 BOVAL BIDVEAUE BRIDE						1.2 NAME								2
ANALY PL ASSAC				i			1.3 STREET ADDRESS							Ų
CITY-ST-ZIP		L 33015		D bri ste		ITY - S1	- ZIP					<del></del>		į
TITLE	VD Meshesha, Kassa Syoum			DELETE 2.1 TIT		2.1 TITLE					L	Change	Addition	۲
NAME				2.2 NA		2.2 NAME								
STREET ADDRESS		OYAL BIRKDALE	DHIVE	2.3 S1		2.3 STREET ADDRESS								İ
CITY-ST-ZIP	MIAMI FI	L 33015				2.4 CITY-ST-ZIP								ļ
TITLE	\$			☐ DELETE 3.1			3.1 TITLE					Change	■ Addition	ĺ
NAME	ASRES,		3.2 NA		3.2 NAME								ĺ	
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CITY-ST-ZIP	<u>Miami</u> Fl	_ 33015	3.4. CI			T-21P							l	
TITLE	<b>1D</b> □ DELETE				4.1 TO	4.1 TITLE					Ε	Change	☐ Addition	l
NAME	Semere, Daniel S				4.2 N	AME								l
STREET ADDRESS	19440 R	OYAL BIRKDALE	DRIVE		4.3 S1	TREET A	ADDRESS							l
CITY-ST-ZIP	MIAMI FL				•	TY-ST	- 1							l
TITLE				DELETE	5.1 TI		•					Change	Addition	l
NAME					5.2 N/						_			l
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NAME														}
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i					6 3 STREET ADDRESS									
CITY-ST-ZIP					6.4 CI	TY-ST	- ZIP							

4. 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.

CICNATURE.

A. SHORESHARDER

5- 00-07