


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).

FILED
Oct 07 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000003225 (7) 1. Corporation Name CISM-REGION II, INC.			
Principal Place of Business 5680 SW 87 AVENUE MIAMI FL 33173		Mailing Address 5680 SW 87 AVENUE MIAMI FL 33173	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent DURAN, NATALIE 5680 SW 87 AVENUE MIAMI FL 33173		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 <i>Natalie Duran</i> 9/1/98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT <input type="checkbox"/> DELETE NAME MANN, JAMES STREET ADDRESS 9834 SW 195 ST. CITY-ST-ZIP MIAMI FL 33157		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VT <input type="checkbox"/> DELETE NAME MOUNT, P.J. STREET ADDRESS 10185 SW 163 AVENUE CITY-ST-ZIP MIAMI FL 33196-5801		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE T <input type="checkbox"/> DELETE NAME ENGERS, FATHER THOMAS STREET ADDRESS 825 NE 92 ST. CITY-ST-ZIP MIAMI SHORES FL 33138		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE ST <input type="checkbox"/> DELETE NAME DURAN, NATALIE STREET ADDRESS 5680 SW 87 AVENUE CITY-ST-ZIP MIAMI FL 33173		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> DELETE NAME ALONSO, CARLOS STREET ADDRESS C/O 2000 SOUTH DIXIE HIGHWAY #207-A CITY-ST-ZIP MIAMI FL 33133		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME Rice, Tim 5.3 STREET ADDRESS 2300 Pinetree Dr 5.4 CITY-ST-ZIP MIAMI Beach, FL 33140	
TITLE D <input checked="" type="checkbox"/> DELETE NAME DAEGLING, KATHY STREET ADDRESS C/O 2000 SOUTH DIXIE HIGHWAY #207-A CITY-ST-ZIP MIAMI FL 33133		6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME Picanel, Jim 6.3 STREET ADDRESS 1011 NW 111 Ave 6.4 CITY-ST-ZIP MIAMI, FL 33172	
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: <i>James A. Mann</i> 9/1/98 305-576-8588 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E037 (5/98)