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FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # **N96000003562 (3)**

1. Corporation Name

**DGA-SOUTH RESIDENCE CORPORATION**

Principal Place of Business

Mailing Address

2730 S.W. 3RD AVE.  
SUITE 202  
MIAMI FL 33139

2730 S.W. 3RD AVE.  
SUITE 202  
MIAMI FL 33129-2323



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

3. Date Incorporated or Qualified

07/05/1996

3a. Date of Last Report

4. FEI Number

☒ 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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

WASHINGTON, LYNN C  
701 BRICKELL AVE.  
SUITE 3000  
MIAMI FL 33131

81 Name **HAIMAN, BARRY G**

82 Street Address (P.O. Box Number is Not Acceptable)

2730 SW 3RD AVENUE

83 SUITE 202

84 City **MIAMI**

FL

85 Zip Code  
**33129**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE  
4-16-97

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **HAIMAN, BARRY G**  
STREET ADDRESS **10250 Collins Avenue, Phl**  
CITY-ST-ZIP **Bal Harbour, FL 33154**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **Morris Amaya**  
1.3 STREET ADDRESS **14629 SW 104th St., #216**  
1.4 CITY-ST-ZIP **Miami, FL 33186**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **Alan Gordon**  
2.3 STREET ADDRESS **628 8th Avenue North**  
2.4 CITY-ST-ZIP **Jacksonville, FL 32250**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **Luverne Kirkland-Jones**  
3.3 STREET ADDRESS **One Se 3rd Avenue, c/o United Way**  
3.4 CITY-ST-ZIP **Miami, FL 33131**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
4-16-97

305-858-8325

Daytime Phone # 0026676

CR2E037 (9/96)