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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 # N96000003563 (1)
1. Corporation Name

DGA-NORTH RESIDENCE CORORATION

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



3. Date Incorporated or Qualified
07/05/1996

3a. Date of Last Report

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

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

9. Name and Address of Current Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

4-16-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE D ☐ DELETE
NAME Luverne Kirkland-Jones
STREET ADDRESS One SE 3rd Ave.
CITY-ST-ZIP Miami, FL 33131

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

TITLE D ☐ DELETE
NAME DeWayne L. Little
STREET ADDRESS 1250 Funston Street
CITY-ST-ZIP Hollywood, FL 33019

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 REQUIRED

4-16-97

305-858-8325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028674

CR2E037 (9/96)