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 #

1. Corporation Name

Principal Place of Business

N96000005258 (6)

Mailing Address

UNITED NATIONAL CONGRESS FLORIDA ASSOCIATION, IN

74 NE 117 STREET 74 NE 117 STREET MIAMI FL 33167 MIAMI FL 33161-6640 3. Date incorporated or Qualified 10/09/1996 3a. Date of Last Report 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0707819 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Zip Country This corporation has liability for Intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **BACHOON, RONALD** Street Address (P.O. Box Number is Not Acceptable) 82 74 NE 117 STREET 83 **MIAMI FL 33167** 84 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TITLE Change ___ Addition TITLE D BACHOON, RONALD 1.2 NAME NAME 74 N.E. 117TH ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33167** 1.4 CITY - ST-ZIP CITY-ST-ZIP TITLE **X** DELETE 2.1 TITLE ☐ Change Addition Yours; DAVID BOOCHOON, BHARATH NAME 2.2 NAME SUUSVA OSI WIN 6011 11628 NW 26 CT 2.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33065** 2.4 CITY-ST-ZIP PENBROKE TRNES CITY-ST-ZIP Addition DELETE TITLE 3.1 TITLE POTTER, ERIC 3.2 NAME NAME 3181 NW 4TH ST. STREET ADDRESS 3.3 STREET ADDRESS FT. LAUDERDALE FL 33311 DITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ___ Addition Change TITLE D 4.1 TITLE RAMESAR, CHRIS NAME 4, 2 NAME 7441 WAYNE AVE 4.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY-S1-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP

SIGNATURE:

CITY - \$1 - 716

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 one attachment with an address. 305) 591-8528

FILED

May 16 1997 8:00am

Secretary of State

(96/6)