

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. North Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006519 (0)**

1. Corporation Name

MIAMI PRIDE COALITION, INC.

Principal Place of Business

**2121 N BAYSHORE DRIVE
#903
MIAMI FL 33137**

Mailing Address

**2121 N BAYSHORE DRIVE
#903
MIAMI FL 33137-5135**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/20/1996

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

9. Name and Address of Current Registered Agent

**CHASEN, JERRY SIMON ESQ
CROCKETT FRANKLIN & CHASEN, PA
420 LINCOLN ROAD, STE 338
MIAMI BEACH FL 33139**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.30.97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITFIELD, HOWARD PAYNE	
STREET ADDRESS	2121 N BAYSHORE DRIVE, #903	
CITY-ST-ZIP	MIAMI FL 33137	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PATRON, EUGENE J	
STREET ADDRESS	7801 E TREASURE DRIVE, #419	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	

TITLE	D	<input type="checkbox"/> DELETE
NAME	AVENDANO, ALBERTO MD	
STREET ADDRESS	2121 N BAYSHORE DRIVE, #903	
CITY-ST-ZIP	MIAMI FL 33137	

TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Patricia M. O'Reilly	
STREET ADDRESS	FFLN - 111 S.W. 3rd, Level II	
CITY-ST-ZIP	MIAMI, FL 33130-1926	

TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Carlos M. Perez	
STREET ADDRESS	4020 Ensenada ave	
CITY-ST-ZIP	MIAMI, FL 33133	

TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Peter Ramos	
STREET ADDRESS	15806 S.W. 11th Ave	
CITY-ST-ZIP	Pembroke Pines, FL 33027	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Charles L. Schaab II	
1.3 STREET ADDRESS	301 Ocean Drive #409	
1.4 CITY-ST-ZIP	Miami Beach, FL 33139	

2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Eduardo Aparicio	
2.3 STREET ADDRESS	2326 SW 15th Street	
2.4 CITY-ST-ZIP	Miami, FL 33145	

3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Denise Conroy	
3.3 STREET ADDRESS	18 N.W. 106th Street	
3.4 CITY-ST-ZIP	Miami Shores, FL 33138	

4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Fredericka Sands Esq.	
4.3 STREET ADDRESS	3201 Aviation Avenue, No 9	
4.4 CITY-ST-ZIP	Coconut Grove, FL 33133-4756	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000448

4.30.97

CR2E037 (9/96)