


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N97000002520 (1)**  
1. Corporation Name  
**THE COSMOPOLITAN COMMUNITY CENTER OF MIAMI, INC.**



Principal Place of Business <b>6445 NE 7TH AVENUE MIAMI FL 33138</b>	Mailing Address <b>6445 NE 7TH AVENUE MIAMI FL 33138</b>
---	---

3. Date Incorporated or Qualified <b>05/06/1997</b>		
4. FEI Number <b>65-076 3597</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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
---	--

9. Name and Address of Current Registered Agent  
**BUCHANAN, THOMAS  
6445 NE 7TH AVENUE  
MIAMI FL 33138**

10. Name and Address of New Registered Agent  
81 Name **Donald CAROTHERS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**12600 IXDRA Rd**  
83  
84 City **N. MIAMI** FL 85 Zip Code **33181**

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 *Donald L. Carothers* DATE **4-20-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE
NAME <b>CAROTHERS, DON</b>	
STREET ADDRESS <b>12600 IXDRA ROAD</b>	
CITY-ST-ZIP <b>N. MIAMI FL 33181</b>	
TITLE <b>VCD</b>	<input type="checkbox"/> DELETE
NAME <b>BERLINER, ARNIE</b>	
STREET ADDRESS <b>9 ISLAND AVENUE #1005</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL 33139</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BRIGGS, PAUL</b>	
STREET ADDRESS <b>1090 SW 1ST AVENUE</b>	
CITY-ST-ZIP <b>MIAMI FL 33130</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>ADLER, JEFFREY</b>	
STREET ADDRESS <b>645 NE 67 STREET</b>	
CITY-ST-ZIP <b>MIAMI FL 33138</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BUCHANAN, THOMAS</b>	
STREET ADDRESS <b>951 NE 140TH STREET</b>	
CITY-ST-ZIP <b>NORTH MIAMI FL 33181</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>SD Christine CABRAL</b>	
3.3 STREET ADDRESS <b>660 NE 78 ST.</b>	
3.4 CITY-ST-ZIP <b>Miami FL 33138</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>TD Karen CARLEY</b>	
5.3 STREET ADDRESS <b>1551 West Avenue #4</b>	
5.4 CITY-ST-ZIP <b>MIAMI BEACH, FL 33139</b>	
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 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: *Donald L. Carothers* DATE: **4/20/98** PHONE: **(305) 759-5210**

CF2E037 (10/97)