

FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 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
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DOCUMENT # **N97000003228 (0)**

1. Corporation Name

**MIAMI INNER-CITY KIDS ENHANCEMENT PROGRAM, INC.**



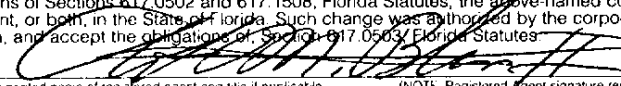
Principal Place of Business <b>8713 NE 8TH COURT MIAMI SHORES FL 33138-3313 8800 N.W. 14 AVE., SUITE 101 MIAMI, FL 33147-3203</b>	Mailing Address <b>8713 NE 8TH COURT MIAMI SHORES FL 33138-3313 8800 N.W. 14 AVE., SUITE 101 MIAMI, FL 33147-3203</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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3. Date Incorporated or Qualified <b>06/04/1997</b>	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

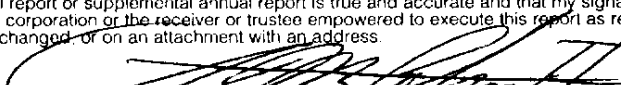
9. Name and Address of Current Registered Agent <b>BLAIR, ARTHUR II 8713 NE 8TH COURT MIAMI SHORES FL 33138-3313</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>8800 N.W. 14 AVE</b> <b>83</b> Suite 101 <b>84</b> City <b>MIAMI, FL</b> <b>85</b> Zip Code <b>33147</b>
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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  DATE **4/28/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>BLAIR, ARTHUR M II</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME
STREET ADDRESS <b>8713 NE 8TH COURT</b>	CITY-ST-ZIP <b>MIAMI SHORES FL 33138-3313</b>	1.3 STREET ADDRESS <b>8800 N.W. 14 AVE.</b>	1.4 CITY-ST-ZIP <b>MIAMI, FL 33147-3203</b>
TITLE <b>VD</b>	NAME <b>CAREY, JOHN</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME
STREET ADDRESS <b>8713 NE 8TH COURT</b>	CITY-ST-ZIP <b>MIAMI SHORES FL 33138-3313</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE <b>D</b>	NAME <b>ALI, CLASSIUS</b>	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME
STREET ADDRESS <b>8713 NE 8TH COURT</b>	CITY-ST-ZIP <b>MIAMI SHORES FL 33138-3313</b>	3.3 STREET ADDRESS <b>8800 N.W. 14 AVE.</b>	3.4 CITY-ST-ZIP <b>MIAMI, FL 33147-3203</b>
TITLE <b>ST</b>	NAME <b>BLAIR, JAN</b>	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
STREET ADDRESS <b>C/O 8713 NE 8TH COURT</b>	CITY-ST-ZIP <b>MIAMI SHORES FL 33138-3313</b>	4.3 STREET ADDRESS <b>8800 N.W. 14 AVE.</b>	4.4 CITY-ST-ZIP <b>MIAMI, FL 33147-3203</b>
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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:  DATE **4/28/98** TELEPHONE **305-694-0740**

CR2E037 (10/97)