

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90001 008 ****70.00

DOCUMENT # **N97000003228**

1. Corporation Name

MIAMI INNER-CITY KIDS ENHANCEMENT PROGRAM, INC.

Principal Place of Business

8800 NW 14TH AVE
SUITE 101
MIAMI FL 33147-3203
US

Mailing Address

8800 NW 14TH AVE
SUITE 101
MIAMI FL 33147-3203
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/04/1997

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

BLAIR, ARTHUR II
8800 NW 14 AVE
STE 101
MIAMI FL 33147

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

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BLAIR, ARTHUR M II
STREET ADDRESS 8800 NW 14 AVE
CITY-ST-ZIP MIAMI FL 33147-3203

TITLE VD
NAME CAREY, JOHN
STREET ADDRESS 8713 NE 8TH COURT
CITY-ST-ZIP MIAMI SHORES FL 33138-3313

TITLE D
NAME ALI, CLASSIUS
STREET ADDRESS 8800 NW 14TH AVE
CITY-ST-ZIP MIAMI FL 33147-3203

TITLE ST
NAME BLAIR, JAN
STREET ADDRESS 8800 NW 14 AVE
CITY-ST-ZIP MIAMI FL 33147-3203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VD
2.2 NAME CAREY, JOHN
2.3 STREET ADDRESS 8800 N.W. 14TH AVE
2.4 CITY-ST-ZIP MIAMI, FL 33147-3203

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE
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, with all other like empowerments.

SIGNATURE:

ARTHUR BLAIR II
4/28/99 305-694-0740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)