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05-03-1999 90007 005 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000004778

1. Corporation Name

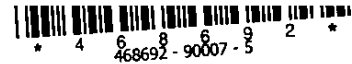
**CITIZENS FOR THE BETTERMENT OF CORAL GABLES - VI  
 SION 21, INC.**

Principal Place of Business

4110 LAGUNA ST  
 CORAL GABLES FL 33146  
 US

Mailing Address

4110 LAGUNA ST  
 CORAL GABLES FL 33146  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/22/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 NOT APPLICABLE

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
 Trust Fund Contribution

\$5.00 May Be  
 Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, CAMILO  
 4110 LAGUNA ST  
 CORAL GABLES FL 33146

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
 NAME POLIZZI, MARY ANN  
 STREET ADDRESS 4980 SAN AMARO DRIVE  
 CITY-ST-ZIP CORAL GABLES FL 33146

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

TITLE D  DELETE  
 NAME LOPEZ, CAMILO  
 STREET ADDRESS 4110 LAGUNA STREET  
 CITY-ST-ZIP CORAL GABLES FL 33146

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME VOLSKY, GEORGE  
 STREET ADDRESS 1008 ALHAMBRA CIRCLE  
 CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE D  DELETE  
 NAME MATHESON, FINLAY B  
 STREET ADDRESS 3898 SHIPPING AVE  
 CITY-ST-ZIP CORAL GABLES FL 33146

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

TITLE D  DELETE  
 NAME REITEMA, JOAN  
 STREET ADDRESS 248 GIRALDS AVE  
 CITY-ST-ZIP CORAL GABLES FL 33146

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

TITLE D  DELETE  
 NAME MOGUL, ALICIA  
 STREET ADDRESS 918 CALBIRA AVE  
 CITY-ST-ZIP CORAL GABLES FL 33134

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*CAMILLO LOPEZ*  
 CAMILO LOPEZ

4/21/99

Date

305-445-3505

Daytime Phone #

CR2E037 (1/98)