


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEP. 15, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
AND  
FILED

98 NOV 19 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>	 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # N97000005079 (5)

1. Corporation Name

MIAMI BEACH CITIZENS ALLIANCE, INC.

Principal Place of Business

Mailing Address

%LINDA MARCH  
1500 BAY ROAD #664  
MIAMI BEACH FL 33139

%LINDA MARCH  
1500 BAY ROAD #664  
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

09/09/1997

4. FEI Number

65-0861890

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 398073

26 c/o Linda March, Esq.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Miami Beach, Fla.

27

Zip

Country

Zip

Country

24 33239-8073

25 USA

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCH, LINDA  
1500 BAY ROAD #664  
MIAMI BEACH FL 33139

5601 Collins Ave., #522  
Miami Beach, Fla.  
33239-8073

81 Name Linda March

82 Street Address (P.O. Box Number is Not Acceptable)

5601 Collins Ave., #522

83 Miami Beach, Fla.

84 City

FL

85 Zip Code

33140

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	D <input type="checkbox"/> DELETE
NAME	HOFFMAN-HANSFORD, ROSEMARY
STREET ADDRESS	1500 BAY ROAD #664
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	D <input type="checkbox"/> DELETE
NAME	JAFFE, SHELIA
STREET ADDRESS	1500 BAY ROAD #664
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RICKMAN, PETER
STREET ADDRESS	1500 BAY ROAD #664
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	Arnold Berfiner, Dir. <input type="checkbox"/> DELETE
NAME	9 Island Avenue, #1005
STREET ADDRESS	Miami Beach, Fla. 33139
CITY-ST-ZIP	
TITLE	Linda March Treas. <input type="checkbox"/> DELETE
NAME	5601 Collins Ave., #522
STREET ADDRESS	Miami Beach, Fla. 33140
CITY-ST-ZIP	
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	700002706407-3
2.3 STREET ADDRESS	-12/08/98--01073--005
2.4 CITY-ST-ZIP	*****61.25 *****61.25
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 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:

Linda March  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/98

305-867-9717

CR2E037 (5/98)