

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

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

DOCUMENT # N97000005942 (4)

1. Corporation Name

MONSERRAT PROGRESSIVE SOCIETY OF SOUTH FLORIDA INC.

Principal Place of Business

P.O. BOX 173324
MIAMI FL

Mailing Address

P.O. BOX 173324
MIAMI FL

REINSTATEMENT

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

TAYLOR, MICHAEL
20401 NW 2ND AVENUE
STE 208
MIAMI FL 33189

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/21/1997

4. FEI Number

65-0788596

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

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 [] DELETE

NAME LAOKE, IVOLINE

STREET ADDRESS 1099 N.E. 185TH ST.

CITY-ST-ZIP N MIAMI BEACH FL 33162

TITLE D [] DELETE

NAME WINT, ALICIA

STREET ADDRESS 7540 KISMAT ST.

CITY-ST-ZIP MIRAMAR FL 33023

TITLE D [] DELETE

NAME RYAN, YVONNE

STREET ADDRESS 8201G NW 74TH AVE

CITY-ST-ZIP MIAMI FL 33186

TITLE D [] DELETE

NAME CLARK, MABEL

STREET ADDRESS 3892 NW 213TH STREET

CITY-ST-ZIP MIAMI FL 33055

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE D ALFRED J. BLAKE [] Change [x] Addition

1.2 NAME 1295 SW 101 TERRACE APT 106

1.3 STREET ADDRESS PEMBROKE PINES, FL. 33025

1.4 CITY-ST-ZIP

2.1 TITLE [] Change [] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE [] Change [] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE D GINETTE GORDON [] Change [x] Addition

4.2 NAME 15760 NW 7TH AVE APT 4

4.3 STREET ADDRESS MIAMI, FL 33169

4.4 CITY-ST-ZIP

5.1 TITLE [] Change [x] Addition

5.2 NAME DORA DYER

5.3 STREET ADDRESS 3357 NW 40th St

5.4 CITY-ST-ZIP Ft. Lauderdale FL 33302

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.

SIGNATURE: ALFRED J. BLAKE Alfred J. Blake 20 Oct 98 (305) 885-3585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

0000647