

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000045420 (4)**

1. Corporation Name
SOUTH DADE COALITION FOR RECONSTRUCTION, INC.



Principal Place of Business: **1940 S. OCEAN BLVD. MANALAPAN FL 33462**
Mailing Address: **1940 S. OCEAN BLVD. MANALAPAN FL 33462**

3. Date Incorporated or Qualified: **06/17/1994** 3a. Date of Last Report: **10/06/1995**
4. FEI Number: **65-0517948** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE, JOHN S	1.2 NAME	
STREET ADDRESS	1940 S. OCEAN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MANALAPAN FL 33462	1.4 CITY-ST-ZIP	
TITLE	VPF	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE, LOLA N	2.2 NAME	
STREET ADDRESS	1940 S. OCEAN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MANALAPAN FL 33462	2.4 CITY-ST-ZIP	
TITLE	VPE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASHASHIBI, A. ZAFER	3.2 NAME	
STREET ADDRESS	1065 VISTA BELLA	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETTE CA 11545	3.4 CITY-ST-ZIP	
TITLE	VPP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, STOWELL	4.2 NAME	
STREET ADDRESS	55 BROOKVILLE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN HEAD NY 11545	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELD, ROBERT	5.2 NAME	
STREET ADDRESS	55 BROOKFIELD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN HEAD NY 11545	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTIN, ANNETTE	6.2 NAME	
STREET ADDRESS	515 MADISON AVE., STE. 2000	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	6.4 CITY-ST-ZIP	

S **MARTIN, ANNETTE** Change Addition
515 MADISON AVE., STE 2000
NEW YORK, NEW YORK 10022

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated in 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (Name, Title, or other attachment with an address).

SIGNATURE: _____ Date: **4/24/96** Daytime Phone #: **516-886-2211**

CR2E034 (12/95)