

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

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

06/17/1994

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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

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 ☐ DELETE

NAME
CEOP
GRACE, JOHN S
STREET ADDRESS
1940 S. OCEAN BLVD.
CITY-ST-ZIP
MANALAPAN FL 33462

TITLE ☐ DELETE

NAME
VPF
GRACE, LOLA N
STREET ADDRESS
1940 S. OCEAN BLVD.
CITY-ST-ZIP
MANALAPAN FL 33462

TITLE ☐ DELETE

NAME
VPE
NASHASHIBI, A. ZAFER
STREET ADDRESS
1065 VISTA BELLA
CITY-ST-ZIP
LAFAYETTE CA 11545

TITLE ☐ DELETE

NAME
VPP
DAVIS, STOWELL
STREET ADDRESS
55 BROOKVILLE RD.
CITY-ST-ZIP
GLEN HEAD NY 11545

TITLE ☐ DELETE

NAME
C
FIELD, ROBERT
STREET ADDRESS
55 BROOKFIELD ROAD
CITY-ST-ZIP
GLEN HEAD NY 11545

TITLE ☐ DELETE

NAME
S
HARTIN, ANNETTE
STREET ADDRESS
515 MADISON AVE., STE. 2000
CITY-ST-ZIP
NEW YORK NY 10022

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S
MARTIN, ANNETTE
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/24/96 516-686-2211

CR2E034 (12/95)